



COUNTY BOROUGH OF DUDLEY.

# ANNUAL REPORT

of the

**MEDICAL OFFICER OF HEALTH  
and SCHOOL MEDICAL OFFICER**  
(JUSTIN MARTIN, M.B., B.Ch., D.P.H.)

and of the

**CHIEF SANITARY INSPECTOR**  
(W. PARKER, M.R.San.I., M.S.I.A.)

**FOR THE YEAR 1948.**





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## Constitution of Committees as at 31st December, 1948.

### HEALTH COMMITTEE.

Councillor Dr. A. W. Weston (Chairman)

The Deputy Mayor (Councillor J. C. Price, J.P.) (Vice-Chairman)

The Mayor Councillor J. L. R. Harper

Councillor J. L. Billingham Councillor Dr. F. G. Lewis

Councillor J. L. Brookes Councillor B. Pearson

Councillor T. H. Bruton Councillor W. H. W. Poulton

Councillor B. Davenport Councillor A. E. Ward

Councillor C. S. Fowler

(Members of the Council)

W. H. Flavell, Esq.	}	Appointed by Local Executive Council.
Dr. J. Macdonald	}	
Canon J. Waring	}	

Dr. D. L. Little	}	Appointed by Local Medical Committee
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W. L. Edwards, Esq.	}	Appointed by Local Hospital Management Committee
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Mrs. D. Chambers, J.P.		Miss S. Frood
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(Co-opted Members)

### EDUCATION COMMITTEE.

Alderman A. E. Young, J.P. (Chairman)

Alderman J. L. Hillman (Vice-Chairman)

The Mayor Councillor P. Homer

The Deputy Mayor Councillor Dr. F. G. Lewis

Alderman T. E. Bennett, J.P. Councillor J. A. Nayler

Alderman J. H. Molyneux Councillor H. L. Preedy

Alderman J. A. Taylor Councillor F. Price

Councillor T. H. Bruton Councillor E. N. Sifford

Councillor A. L. Hillman

(Members of the Council)

Mrs. D. Chambers, J.P.		Rev. Ian K. Paton
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Miss S. Frood		Rev. P. J. Quilty
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Miss M. E. Hall		Canon J. Waring
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Mr. H. Baker		
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(Co-opted Members)

### SCHOOL MEDICAL & ATTENDANCE SUB-COMMITTEE.

Councillor Dr. F. G. Lewis (Chairman)

The Mayor Councillor T. H. Bruton

The Deputy Mayor Councillor P. Homer

(Members of the Council)

Rev. Ian K. Paton		Mrs. D. Chambers, J.P.
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Rev. P. J. Quilty		Miss S. Frood
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Canon J. Waring		Miss M. E. Hall
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(Co-opted Members)



The Mayor, Aldermen and Councillors  
of the County Borough of Dudley.

Mr. Mayor and Gentlemen,

I have the honour to present the Annual Report for the year 1948.

During most of the year under review, the late Dr. Justin Martin was the Medical Officer of Health, but owing to illness he was unable to resume his duties after my own appointment as Deputy Medical Officer of Health in October. His untimely death in March, 1949, was a matter of deep regret to us all. I am, therefore, presenting this report to you in my acting capacity as Medical Officer of Health, but this report will be under the name of Dr. J. F. Martin since he was the Medical Officer of Health during the year under review.

The outstanding event of the year was the coming into operation of the National Health Service Act, 1946, on July 5th. I propose to deal subsequently with the new Act and to discuss its workings in detail, but first I would like to draw your attention to a few important aspects of the Public Health in Dudley. The year 1948, like its predecessors, has been one of sustained effort in the field of preventive medicine and it is encouraging to be able to report some measure of success.

### **Infant Mortality.**

Comment was made last year on the high infant death rate which has prevailed in the Borough in previous years. Last year the rate was 50.72 per 1,000 live births, as compared with a rate of 46 for the County Boroughs and Great Towns including London. This year the infant death rate has dropped to 33.64, the lowest ever in the history of the Borough. This figure (33.64) is below the 1948 rate not only for the County Boroughs and Great Towns including London (39.0) but also below the rate for the whole of England and Wales (34.00).

It is interesting to recall that Dr. J. Howard Wilkinson, Medical Officer of Health, in his report for 1908, stated that the Infant Mortality per 1,000 children born for that year was 141, and the lowest ever recorded in the Borough.

The infant death rate in any community is an important index of the standard of preventive medicine achieved, and in this respect we have every reason to be proud of our efforts in Dudley. It must be remembered, however, that the year was singularly free from epidemic disease. The winter, moreover, was a mild one. For these reasons our record infant mortality rate will not call for any slackening of effort. However, 1948 has set a record for the town and it will be the aim in future years to see this record at least equalled if not further reduced.

### **Diphtheria.**

It is pleasing once again to be able to report further success in the campaign against diphtheria. In 1947 I reported a reduction of almost one third in the number of notified cases, when the total number of cases was 20. During 1948 this figure has been further reduced to 14, again a reduction of almost one third. Of even greater importance is the fact that not one death from this disease has been notified during 1948.

No health measure has ever achieved such remarkable results as the Diphtheria Immunisation Campaign. Its success in saving child life is undoubted, and the success attending its implementation in Dudley augurs well for the future, when I hope that it will be possible to report that not a single case has been reported in the Borough. This has already been achieved in some areas. It can also be achieved in Dudley.

### **Maternal Mortality.**

In keeping with modern advances in this field of preventive medicine, Dudley has been to the fore in reducing its maternal mortality rate to minimum figures. There were only two such deaths during each of the years 1946 and 1947. It is pleasing to be able to report that during 1948 not one mother died as a result of childbirth. In common with the low infant mortality rate this is again a notable reflection on the standard achieved in the care of mothers and young children in the community, a standard which must be maintained by the constant endeavour of all concerned in the work of this very important branch of public health.

### **Other Vital Statistics.**

I have discussed at length only the more important health statistics during the year. Further comments, however, will be found under the appropriate headings throughout the report. I would draw attention to only two other items in the vital statistics of the Borough. There has been an appreciable fall in the birth-rate from 21.14 in 1947 to 17.58 in 1948. This, however, has been a general trend throughout the country. On the other hand there has also been an appreciable fall in the death rate from 11.17 in 1947 to 9.48 in 1948. From a perusal of available health records from 1900 this is the lowest death rate recorded in the Borough. Again, however, as already mentioned in the discussion on infant mortality, this low figure may be related to the mildness of the winter and the absence of any major epidemics. This is mere supposition which only the future can prove or disprove.

### **Housing.**

It is no exaggeration to say that the majority of the health problems dealt with from day to day in the Health Department can be traced to a common cause—lack of adequate housing accommodation. Only too often does one find that the benefits of the health services provided by the Local Authority are limited by this vital factor. If one were to report on all the cases of domestic unhappiness, hardship and misery caused by lack of houses, it would make sorry reading, yet the investigation of such cases is now almost part of the daily routine of the Department.



Since the end of the war, the Council's achievement in the building of new houses is one of which the town may well be proud, but very many more houses are necessary before the problem will be anywhere near solution. The speedy erection of sufficient new houses to meet the needs of the Borough is a task which I know is not altogether within the control of the Council in these days of shortages and priorities, but the health, happiness and well-being of the community can only be fully achieved when that task is completed.

However, in addition to the special priority given to tuberculous patients and to which I refer later in my Report, I am able to recommend priority for other special health cases. These recommendations have always been sympathetically considered by the Council.

In conclusion I would like to express my thanks and appreciation to every member of the Council, in particular the Chairman of the Health Committee, for the support and encouragement I have received since taking up my duties in Dudley. The National Health Service Act has resulted in many changes during the year and not a few difficulties, but with the fullest co-operation from my own staff in the Health Department, and the willing assistance offered by officials of other Departments, the change-over to the new Scheme is being successfully accomplished. As you will have already noted, the year has not been without success in the public health field. This success has been due to the loyalty and co-operation of every member of the staff. In particular I would mention Mr. W. Parker, the Chief Sanitary Inspector, whose expert knowledge of local conditions has been indispensable to me in my new appointment.

I would also mention Mr. J. P. Mackenzie who has replaced Mr. Wood as Administrative Assistant and is proving himself a very worthy successor. Lastly, my thanks are due to the editors of the local papers for their valuable help in connection with Health Education, and to the many other members of the public, who have so willingly contributed to the successful activities of the Health Department during the year.

I am,

Mr. Mayor and Gentlemen,

Your obedient Servant,

T. O. P. D. LAWSON,

Deputy Medical Officer of Health.

**SECTION A—VITAL STATISTICS.****(1) Summary.**

Population—Registrar General's estimate, 1948	...	...	...	...	62,580
Rateable Value (1948-49)	...	...	...	...	£320,307
Product of 1d. Rate (1948-49)	...	...	...	...	£1,258
Livebirths:—	M.	F.	Ttl.		
Legitimate	... 546	518	1064	Rate per 1000 population	17.58
Illegitimate	... 9	27	36		
Stillbirths:—					
Legitimate	... 14	15	29	Rate per 1000 total (live and still) births	26.55
Illegitimate	... —	1	1		
Deaths	... 315	278	593	Rate per 1000 population	9.48
Infant Deaths	... 21	16	37	Rate per 1000 live births	33.64
Illegitimate Infant Deaths	... 2	2	4	Rate per 1000 illegitimate live births	111.1
Maternal Deaths	—	—	—	Rate per 1000 total (live and still) births	—

**(2) Deaths from All Causes.****Table 1.**

Cause of Death.	M.	F.	Ttl.
1. Typhoid and Paratyphoid Fevers	—	—	—
2. Cerebro-Spinal Fever	1	—	1
3. Scarlet Fever	—	—	—
4. Whooping Cough	—	—	—
5. Diphtheria	—	—	—
6. Tuberculosis of Respiratory System	20	14	34
7. Other forms of Tuberculosis	4	3	7
8. Syphilitic Diseases	1	—	1
9. Influenza	2	1	3
10. Measles	—	—	—
11. Acute Poliomyelitis and Polio-encephalitis	—	—	—
12. Acute Infective Encephalitis	1	—	1
13. Cancer of Buccal Cavity and Oesophagus (m) Uterus (f)	4	6	10
14. Cancer of Stomach and Duodenum	3	8	11
15. Cancer of Breast	—	9	9
16. Cancer of all other Sites	32	27	59
17. Diabetes	—	1	1
18. Intra-Cranial Vascular Lesions	31	34	65
19. Heart Disease	84	71	155
20. Other diseases of circulatory system	24	16	40
21. Bronchitis	27	14	41
22. Pneumonia	12	7	19
23. Other respiratory diseases	2	2	4
24. Ulcer of the Stomach and Duodenum	4	2	6

Causes of Death.					M.	F.	Ttl.
25.	Diarrhoea under 2 years	...	...	...	—	—	—
26.	Appendicitis	...	...	...	3	—	3
27.	Other digestive diseases	...	...	...	4	11	15
28.	Nephritis	...	...	...	13	10	23
29.	Puerperal and Post-Abort. Sepsis	...	...	...	—	—	—
30.	Other Maternal Causes	...	...	...	—	—	—
31.	Premature Birth	...	...	...	8	7	15
32.	Congenital Malformations, Birth Injuries, Infant Diseases	...	...	...	8	6	14
33.	Suicide	...	...	...	—	1	1
34.	Road Traffic Accidents	...	...	...	4	—	4
35.	Other Violent Causes	...	...	...	7	4	11
36.	All other Causes	...	...	...	16	24	40
					315	278	593

### (3) Principal Causes of Death.

**Table 2.**

Cause of Death.					M.	F.	Ttl.
1.	Heart Disease	...	...	...	84	71	155
2.	Cancer	...	...	...	39	50	89
3.	Intra-cranial Vascular Lesions	...	...	...	31	34	65
4.	Bronchitis	...	...	...	27	14	41
5.	Other Diseases of Circulatory System	...	...	...	24	16	40
6.	Respiratory Tuberculosis	...	...	...	20	14	34
7.	Premature Birth, Congenital Malformations, Birth Injuries, Infant Diseases	...	...	...	16	13	29
8.	Nephritis	...	...	...	13	10	23
9.	Pneumonia	...	...	...	12	7	19

### (4) Discussion.

#### (a) General.

The total of deaths from all causes reached the low figure of 593, as against 698 in 1947, giving a rate of 9.48 per 1,000 of the population as compared with a rate of 11.6 for the Great Towns and of 10.8 for England and Wales.

#### (b) Heart Disease.

Table 2 indicates that disease of the heart and arteries continues to be the greatest cause of death, the figure for 1948 being 43.8% of the total deaths from all causes, as against 40.4% in 1947. It is most probable that in view of the changing age groups in the composition of the population the deaths from this cause will continue to rise in future years. The fact that of the total deaths those from this cause again show an increased percentage is of no special significance except to indicate the changing composition of the population and to emphasise the urgent need to deal with the problem of the care of the elderly. Attention has already been drawn to the problem by the Nuffield Report on the care of old people.



The following gives an indication of this increasing percentage:—

1939	...	...	...	34.0
1940	...	...	...	35.5
1941	...	...	...	29.2
1942	...	...	...	32.9
1943	...	...	...	36.2
1944	...	...	...	37.6
1945	...	...	...	40.0
1946	...	...	...	37.9
1947	...	...	...	40.4
1948	...	...	...	43.8

(c) **Cancer.**

No special significance is reflected in the number of deaths from this cause during the year, which was 89.

(d) **Infant Mortality.**

The infantile mortality rate per 1,000 live births was 33.64—this is the lowest ever recorded for the Borough. The effectiveness of the medical and nursing services at the disposal of the community can be measured when one realises that Dudley has progressed from a rate which averaged 190 during the years 1896-1900 to one which averaged 47 during the years 1946-48. The accompanying graph emphasises the consistency of this decrease. Many factors have contributed to this great saving of child life. I am confident that the rate can be reduced still further. It will be the earnest endeavour of the Local Authority health services to achieve this aim.

The following table classifies the causes of the 37 infant deaths notified:—

Prematurity	...	...	...	15
Respiratory Infections			...	7
Congenital Deformity	...	...	...	4
Birth Injuries	...	...	...	4
Haemorrhagic Disease	...	...	...	1
Surgical Operation	...	...	...	1
Atelectasis	...	...	...	2
Asphyxia Neonatorum	...	...	...	1
Tuberculosis	...	...	...	1
Inattention at Birth	...	...	...	1
				—
				37
				—

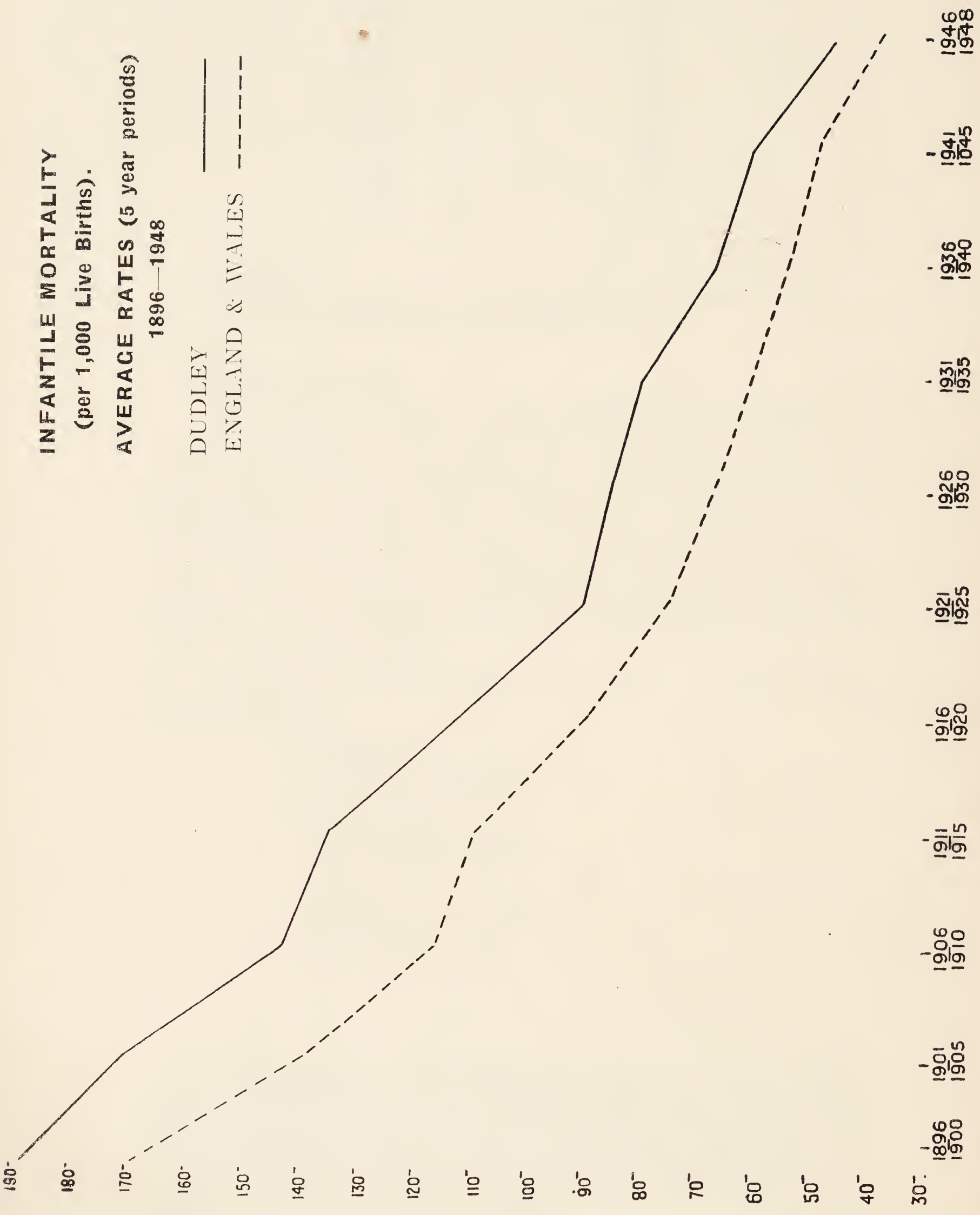
It must always be remembered that with the medical knowledge available there will still remain a number of deaths which must be classified as non-preventable. In this category the deaths due to congenital deformity, surgical operation, atelectasis, and a number of those deaths classified under the heading Prematurity must be included. Indeed, in some cases of prematurity the chances of survival are very doubtful.

(e) The birth-rate, death-rate and analysis of Mortality during the year are set out in the following table:—





INFANTILE MORTALITY  
(per 1,000 Live Births).  
AVERAGE RATES (5 year periods)  
1896—1948  
DUDLEY —————  
ENGLAND & WALES - - - - -



**BIRTH-RATE, DEATH-RATE AND ANALYSIS OF MORTALITY DURING THE YEAR 1948.**

	Birth-rate per 1,000 total population		Annual Death rate per 1,000 Civilian Population.							Rate per 1,000 Live Births		
	Live Births	Still Births	All Causes	Pneumonia	Ac.Polio-myelitis and Polio-encephalitis.	Typhoid and Paratyphoid	Tuber-culosis	Whoop-ing Cough	Diph-theria	Influ-enza	Diarr-hoea and Enteritis (Under 2 years).	Total Deaths under 1 year.
Dudley .. ..	17.58	0.47	9.48	0.00	0.00	0.00	0.65	0.00	0.00	0.05	0.09	33.6
England and Wales ..	17.9	0.42	10.8	0.41	0.01	0.00	0.51	0.02	0.00	0.03	3.3	34
126 Great Towns, including London (Census Populations exceeding 50,000) .. ..	20.0	0.52	11.6	0.38	0.01	0.00	0.59	0.02	0.00	0.03	4.5	39
148 Smaller Towns (1931 Census Populations 25,000---50,000) ..	19.2	0.43	10.7	0.36	0.01	0.00	0.46	0.02	0.00	0.04	2.1	32
London .. ..	20.1	0.39	11.6	0.54	0.00	0.00	0.63	0.01	0.01	0.02	2.4	31

## SECTION B—WATER SUPPLY.

The main water supply to the County Borough of Dudley is normally derived from four pumping stations in the Smestow Valley, together with part of the yield of two further pumping stations in the Lichfield area, the water from one of which is derived from a surface source.

Water from the various pumping stations is examined regularly, both bacteriologically and chemically, and bacteriological examinations are also made of raw waters except in the case of one station where the plant layout prevents such examination.

Raw water examinations are taken at frequent intervals and during 1948 a total of 78 samples of raw water were analysed from four pumping stations, all of which were free from all types of coliform bacteria. In the case of the fifth pumping station where it is not possible to sample raw water, fifteen samples of the treated water were examined in all of which coliform bacteria were absent, and in the case of the sixth source, which is derived from a river water, some 306 samples of raw water were taken, most of which showed the presence of coliform bacteria. Of the 306 samples of treated water from this source, all were free from all types of coliform bacteria.

Sample Ref. No. Z 5666.

### RESULTS OF EXAMINATION OF SAMPLE OF WATER FROM DUDLEY.

Sample taken on 1st October, 1948.

#### Bacteriological Examination.

Bacteria.	Colonies per ml.	Coliform Bacteria
Nutrient Agar at 20°C. 3		
days ... .. 0		Presumptive Test: Absent
Nutrient Agar at 37°C. 1		
day ... .. 0		Differential Tests: Absent
Nutrient Agar at 37°C. 2		
days ... .. 0		

#### Physical Characters.

Colour (Burgess) ... 4mm.	Taste:	Normal
Turbidity: Trace susp. matter	Odour:	Nil
pH. ... .. 7.2		



Chemical Analysis (expressed in Parts per Million).

Free CO <sub>2</sub> ... .. —	Silica (SiO <sub>2</sub> ) ... .. —
Alkalinity (CaCO <sub>3</sub> ) ... 94	Calcium (Ca) ... .. —
Chlorides (Cl) ... .. 34.0	Magnesium (Mg) ... .. —
Ammoniacal Nitrogen Trace	Sodium (Na) ... .. —
Albuminoid Nitrogen Trace	Carbonate (CO <sub>3</sub> ) ... .. —
Oxidised Nitrogen ... 2.8	Sulphate (SO <sub>4</sub> ) ... .. —
Oxygen Absorbed (3 hrs. at 27° C.) ... .12	Iron (Fe) ... .. .05
Temporary Hardness 88	Manganese (Mn) ... Nil
Permanent Hardness 96	Zinc (Zn) ... .. Nil
Total Hardness ... 184	Poisonous Metals ... Nil
Total Solids (dried at 180° C.) ... .. —	Free Cl ... .. Nil

A pure and wholesome supply.

Sample Ref. No. Z 5667.

### RESULTS OF EXAMINATION OF SAMPLE OF WATER FROM NETHERTON.

Bacteriological Examination.

Bacteria. Colonies per ml.	Coliform Bacteria.
Nutrient Agar at 20° C. 3 days ... .. 0	Presumptive Test: Absent
Nutrient Agar at 37° C. 1 day ... .. 0	Differential Tests: Absent
Nutrient Agar at 37° C. 2 days ... .. 0	

Physical Characters.

Colour (Burgess ... 3 mm.	Taste: Normal
Turbidity: Trace susp. matter.	Odour: Nil
pH. ... .. 7.3	

Chemical Analysis (expressed in Parts per Million).

Free CO <sub>2</sub> ... .. —	Silica (SiO <sub>2</sub> ) ... .. —
Alkalinity (CaCO <sub>3</sub> ) ... 98	Calcium (Ca) ... .. —
Chlorides (Cl) ... .. 34.2	Magnesium (Mg) ... .. —
Ammoniacal Nitrogen Trace	Sodium (Na) ... .. —
Albuminoid Nitrogen Trace	Carbonate (CO <sub>3</sub> ) ... .. —
Oxidised Nitrogen ... 2.8	Sulphate (SO <sub>4</sub> ) ... .. —
Oxygen Absorbed (3 hrs. at 27° C.) ... .12	Iron (Fe) ... .. .04
Temporary Hardness . 92	Manganese (Mn) ... Nil
Permanent Hardness . 94	Zinc (Zn) ... .. Nil
Total Hardness ... 186	Poisonous Metals ... Nil
Total Solids (dried at 180° C.) ... .. —	Free Cl. ... .. Nil

A pure and wholesome supply.

## SECTION C—INFECTIOUS DISEASE.

### Cases for 1948.

#### (a) General Incidence.

The following table gives the incidence of the principal notifiable diseases during the year:—

				Numbers originally notified.		Final Numbers after correction.	
				M.	F.	M.	F.
Scarlet Fever	...	...	...	90	88	86	83
Diphtheria	...	...	...	13	16	6	8
Whooping Cough	...	...	...	60	62	59	62
Measles	...	...	...	351	386	351	386
Pneumonia	...	...	...	32	16	32	16
Enteric or Typhoid Fever				—	—	—	—
Erysipelas	...	...	...	5	4	5	4
Dysentery	...	...	...	1	1	1	1
Puerperal Pyrexia			...	—	5	—	5
Ophthalmia Neonatorum	...			—	1	—	1
Anterior Poliomyelitis	...			1	—	—	—
Cerebro-Spinal Fever	...			—	1	—	1

#### (b) Whooping Cough.

There has been a slight increase in the incidence of whooping cough, which is of no great significance.

#### (c) Measles.

The normal two yearly cycle for this disease did not operate in 1948 when there were 737 cases: normally a smaller number of cases would have been expected.

#### (d) Diphtheria.

The figures for this disease continue to improve both locally and nationally, and for the first time since 1931 there were no deaths from this cause registered in the Borough: the number of confirmed cases fell to 14. The corresponding figures for England and Wales were 150 and 8,034 respectively. The efficiency of the immunisation campaign which has been maintained during the year, is reflected in the record low incidence of both cases and deaths reported. The percentage of children under five years of age who are immunised is now 52.5%.

#### (e) Scarlet Fever.

There has been a slight increase in the number of cases of this disease notified,

(f) **Tuberculosis.**

The upward trend of the incidence of this disease reported during previous years has been allayed; 91 new cases being notified during the year and 41 deaths, as against figures of 114 and 54 respectively in 1947.

The most disturbing feature of the position is the paucity of sanatorium accommodation and the consequent delay in essential treatment for those cases which are diagnosed at an early stage and in which an improvement could be expected if accommodation was obtainable. This delay not only prejudices the chances of recovery in such cases but also enhances the danger of infection to other members of the household.

Great credit is due to the Council for its awareness of this pressing situation and persons notified as suffering from pulmonary tuberculosis enjoy the highest priority for re-housing. I feel that the lower number of new cases notified during the year has been due to the better type of accommodation provided by the Council and the separation of these tuberculous persons from other members of the household, especially young children. Isolation is one of the most essential preventative measures and while sanatorium accommodation is so limited the Council is indeed doing all in its power to prevent the spread of this disease.

It may be of some significance that the records reveal an increase in both notifications and deaths in children under 5 years of age from pulmonary tuberculosis in the post-war years as compared with the figures for pre-war years. The figures for the three 5-year periods 1934/8, 1939/43 and 1944/8 were as follows:

				Notifications.	Deaths.
1934-38	...	...	...	3	3
1939-43	...	...	...	7	5
1944-48	...	...	...	9	7

The increase as shown above is small and does not permit of any definite conclusions but it is possible that once again the lack of sanatorium accommodation, by necessitating the close contact of infective patients with young children, may be contributing to a higher incidence of pulmonary tuberculosis in the very young age group.

It will be noted that there is an improvement in the incidence of pulmonary tuberculosis, but the same improvement cannot be shown in the Non-pulmonary type. This is a problem which has still to be tackled on a national level and the indications are that the Government is now considering bringing into operation the Food and Drugs Act, 1944, which would be an important additional step in the eradication of bovine tuberculosis.



The number of persons on the register at the 31st December, 1948, was:—

Pulmonary 506, Non-pulmonary 165. Total 671.

The number of notifications and deaths from Pulmonary and Non-pulmonary Tuberculosis according to age groups is set out below. Notifications are placed first.

#### NOTIFICATIONS AND DEATHS.

Age Groups	0—1	1—5	5—15	15—45	45—65	65 & Over.	Total all ages.
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#### **Pulmonary.**

		N	D	N	D	N	D	N	D	N	D	N	D	N	D	N	D
Male	...	—	—	—	—	1	—	32	11	10	6	2	3	45	20		
Female	...	1	1	1	—	2	—	25	12	5	3	—	—	34	16		

#### **Non-pulmonary.**

Male	...	—	—	1	1	4	3	1	—	—	—	—	—	—	—	6	4
Female	...	—	—	1	1	1	—	4	—	—	—	—	—	—	—	6	1

#### (g) **Scabies.**

The Scabies Cleansing Unit which was re-opened at Lister Road Depot in 1945 has continued to function. The reduction in cases dealt with may be due to the fact that the Scabies Order, 1941, has been rescinded and treatment cannot now be enforced.

The following figures give the details of the number of cases dealt with during the year:—

- (i) Adults and Adolescents cleansed at Lister Road ... 56
- (ii) Children (school age or under) cleansed at Lister Road ... 96
- (iii) Children (school age or under) cleansed at the Clinics ... Nil

#### (h) **Public Health Laboratory.**

During the year the Public Health Laboratory Service at Stafford came under the direction of the Medical Research Council and this laboratory has continued to serve the Borough. I would like to take the opportunity of drawing attention to the co-operation and valuable assistance which I have received from Colonel Phease, the Director of the Laboratory, and his staff in the investigation of outbreaks of infectious and other diseases.

#### (i) **Venereal Disease.**

The Treatment Centre at the Guest Hospital came under the direction of the Local Hospital Management Committee on the 5th July, 1948, and a summary of the services rendered at the Treatment Centre during the year is given below.

There has been an increase during the year in the number of new cases of venereal disease diagnosed as compared with 1947,



## SERVICES RENDERED AT TREATMENT CENTRE DURING THE YEAR.

### Cases dealt with for first time during year:—

		West					Total
		Dudley.	Worcs.	Staffs.	Bromwich.	Forces.	
Syphilis	...	18	—	21	—	—	39
Soft Chancre	...	—	—	1	—	—	1
Gonorrhoea	...	19	3	17	1	—	40
Non-Venereal & undiagnosed con- ditions	...	75	6	119	4	—	204
Total	...	112	9	158	5	—	284

Total number of attendances of all patients residing in each area ... 1903      90      2536      38      —      4568

### Cases who ceased to attend before completion of treatment, showing condition on first attendance:—

SYPHILIS					GONORRHOEA
Primary	Secondary	Latent in 1st year of infection	All later Stages	Congenital	
M.    F.	M.    F.	M.    F.	M.    F.	M.    F.	M.    F.
3    —	2    5	—    1	2    3	—    8	4    2

### Cases Treated with Penicillin.

Syphilis		Gonorrhoea		Others		Total	
M.	F.	M.	F.	M.	F.	M.	F.
16	27	29	11	—	1	45	39

### Pathological Work.

No. of Specimens examined at V.D. Clinic ... ..	MICROSCOPICAL		
	Syphilis	Gonorrhoea	
	46	522	
No. of Specimens examined at an approved laboratory ...	SERUM		
	Syphilis	Gonorrhoea	Cerebro- spinal fluid
	753	211	34

The number of patients admitted for in-patient treatment was 14.

## **SECTION D—REVIEW OF THE WORKING OF THE NATIONAL HEALTH SERVICE ACT, 1946: PARTS III. & V.**

During the year the Council's proposals for the implementation of the National Health Service Act, 1946, were submitted to and approved by the Minister of Health. These proposals are now being put into effect and will be reviewed under the various headings. In view of the short time during which the new Act has been in operation it is not yet possible to give a complete account of the results of the new legislation as it affects the Local Authority's Health Services. Some difficulties have arisen and undoubtedly there are shortcomings but it is felt that it would be neither just nor profitable to express either approval or criticism at this early stage in the introduction of such a vast and comprehensive scheme of health administration. There is no doubt, however, that the new scheme has brought many changes of the greatest benefit to the community. Although a lot has yet to be accomplished before all the benefits will be fully enjoyed our experience in Dudley augurs well for the future. The new services provided under the Act are expanding rapidly and the demand for them leaves no doubt as to the part they are already playing in contributing to an increase in the general welfare and health of the Borough.

### **(1) Care of Mothers and Young Children.**

Little alteration has as yet been made in this service as it existed before the appointed day. The importance of this work has always been recognised by the Council and adequate provision continues to be made for the care of mothers and young children in clinics throughout the Borough. Plans are now well ahead for the erection of a further clinic in Dudley Wood. A good basic service exists, on which it will be possible to build up the new scheme as envisaged in the Council's proposals under Section 22 of the new Act.

Briefly, the main change to be effected in this service concerns the Council's Medical Officers and the reciprocal arrangements to be made between the Local Authority and the Regional Hospital Board whereby the Medical Officer's time will be apportioned between work in the Council's clinics and work in a hospital controlled by the Board. This will lead to a greater degree of specialised knowledge in both maternity and child welfare work, and at the same time lead to a greater continuity between the Local Health Authority Services and the Hospital Services. This scheme is not yet in operation and details have still to be worked out.

The extension of the dental service which provides for the care of expectant and nursing mothers and young children is also envisaged in the Council's proposals. The existing service is not working to full capacity owing to the shortage of staff, but this is a problem which can adequately be dealt with if and when more dental officers become available.

### **(2) Midwifery.**

An adequate midwifery service existed prior to the appointed day and no increased provision has been made, except in the staffing arrangements. A Superintendent Nursing Officer has been appointed to supervise all the Council's nursing services, including



Health Visiting and Home Nursing. Her duties also include the co-ordination of the nursing aspects of other services incorporated in the new Health Service, viz., Domestic Help, Prevention of Illness, Care and After-Care.

It is too early yet to comment on the role of the midwife in relation to her work in the general health scheme, but one can visualise a curtailment of her professional status should she be increasingly called upon to act as a maternity nurse instead of as a qualified midwife. This would be a regrettable occurrence were it to develop, but with the increased co-operation between doctor and midwife, which it is the object of the new Health Service to foster, it is to be hoped that the midwife will retain the high esteem to which many years of valuable service have entitled her, and that she will continue to enjoy the status which she deserves not only by qualifications and experience but also by virtue of the high standard of midwifery which she has always maintained in the service of the Local Authority.

### (3) **Health Visiting.**

The alterations contemplated in this service under the new Act will involve chiefly an extension of the existing functions of the Health Visitor. The Health Visitor is not only concerned now, as previously, with the care of mothers and young children, but also her functions must now extend to include the household as a whole. This will call for close co-operation with the family doctor and the co-ordination of her work with that of other branches of the health service. The work of the Health Visitor in the past has always been on those lines. A very efficient system of Health Visiting has been built up in Dudley and the further development of this service will lead to a more comprehensive scheme of community health. In this way the Health Visitor will become a member of a team working with the family doctor and through him with the Hospital Service, the whole scheme combining to form a single health unit for the care of the family. Another important function which now falls on the Health Visitor, and envisaged in the Act, is the increasing part she will be expected to play in health education. Thus it will be seen that the Health Visitor in the future is going to be called upon to carry out many new and important functions. Instead of being confined mainly to the field of preventive medicine, her closer contact with the family as a whole will take her into the wider field of social medicine in which she must not only function as a nurse but also as a medico-social adviser.

This new concept of the work of the Health Visitor will take time to develop and only experience of the actual operation of the service will dictate further requirements. The only change made so far has been the appointment of two additional Health Visitors to meet the increase in work which is already becoming apparent, and, as already mentioned, the appointment of a Superintendent Nursing Officer to co-ordinate the work of other branches of the service. This is a development, however, which will have to be carefully studied. Whatever happens, the Health Visitor always has been, and still is, the key-stone in the Local Authority's Health Service. I would refer you again to the reduction in the infant death rate in the Borough throughout the years. The credit for

this achievement must go in great part to the Health Visitor. Her work has always been concerned mainly with the care of mothers and young children. The infant death rate in the Borough, good as it may be, does not call for any relaxation in this all-important work, and any deviation from what, in my opinion, is the primary function of the Health Visitor might possibly impair the efficiency of that service already provided for the mother and her child, and which has shown such excellent results.

#### **(4) Care and After-Care.**

Since the coming into operation of the Act, this is one of the new services undertaken by the Council, but one that has great possibilities in prevention of illness and the welfare of patients discharged from hospital. In the past a limited scheme was in operation dealing only with the after-care of patients suffering from Tuberculosis, but under the new Act Parliament has directed that the scheme should include all other kinds of illness. For this purpose a female Social Worker has been appointed by the Council to carry out this work, and for improved co-ordination in dealing with tuberculous patients, it is intended to make the appointment of the Tuberculosis Officer a joint one between the Local Authority and the Regional Hospital Board.

It is too early yet to give the extent of this new service and to assess the public need. As was to be expected, the majority of cases dealt with since the appointed day have been concerned with tuberculosis, but it is already apparent that many other types of patient are being included in this service, and it is expanding rapidly. The role of the Social Worker is especially directed to those patients who have been discharged from hospital. Her function is to secure the social and physical welfare of these patients and their families where this is necessary for the effective treatment and control of illness. She also helps to solve the special problems attendant upon illness in a household, by relieving anxiety, and in many cases is able to expedite a return to normal health. The potential health value of this service is obvious and the indications are that it will play an increasingly important part in the work of the Health Department.

#### **(5) Domestic Helps.**

On the appointed day the existing Home Help Service was replaced by the Domestic Help Service. The demand for this service is growing and is definitely fulfilling a public need in the town. The service is administered jointly by the Superintendent Nursing Officer and the administrative staff of the Health Department. It has been functioning successfully with the use of part-time workers but it is likely that the demand for their services will make necessary the employment of full-time domestic help workers in the very near future.

There is one point which must be mentioned in connection with the provision of domestic helps in maternity cases. Whereas the expectant mother who elects to have her baby in a maternity home is relieved of all financial responsibility under the new Health Service, the mother who has her baby at home and employs one of



the Council's domestic helps must meet the full charge of 2/6d. per hour unless this amount is reduced in consideration of her financial circumstances. This is an obvious discrepancy, for apart from being unfair to the mother who has her baby at home, it does little to alleviate the increasing demand for hospital bed accommodation. It is to be hoped that this anomaly will be removed by the appropriate authorities in the near future.

#### **(6) Home Nursing.**

This is again a new duty placed on the Local Health Authority to provide nurses to attend persons who require nursing in their own homes. This service is being provided on the Council's behalf by the Badley District Nursing Association. The final financial and other details of this arrangement are not yet complete but a satisfactory service has been instituted limited only by shortage of nursing staff.

The potentialities of this new service have yet to be developed, but its benefit to the community has already been established. With the fullest co-operation between the Local Authority, the Home Nurse, the family doctor and the hospital services, the comprehensive scheme of family care will be complete. Not only will the patient benefit by being nursed in her own home amid familiar surroundings, but also the heavy demand on hospital accommodation will be relieved. This is the aim for the future, but shortage of Home Nurses is the first and most immediate problem. At the moment, candidates for this type of work are not being attracted to the service and until new conditions of service, combined with a scheme of recruitment and training, have been instituted, there is little likelihood that staffing requirements will be adequate. There is every justification for encouraging the advancement of this work which has such a vast potential in its contribution to the health and welfare of the community.

#### **(7) Mental Health Service.**

Since the appointed day, a new mental health service constituted under the Act has been functioning under the control of the Health Committee. In an Authority of this size the number of cases dealt with in the mental health service has never been large and during the first six months of the new administration there has been no appreciable increase in this number. For the time being, therefore, the Health Committee has retained responsibility for the administration of the Mental Health Service.

The Medical Officer of Health is responsible for the over-all control of the service and the Deputy Medical Officer of Health for the general administration and supervision. An Assistant Medical Officer, who is an Approved Medical Practitioner for the purpose of giving certificates of mental defect, assists in the medical ascertainment of children and adults.

The non-medical staff consists of one Mental Health Officer who is also a Duly Authorised Officer and who assists in the work of the whole Mental Health Service, including the after-care of patients discharged from Mental Hospitals and referred to the Local Authority by the Regional Hospital Board. There is also

one female Mental Health Supervisor also a Duly Authorised Officer, who, in addition to her duties as Supervisor of Mental Defectives assists the Mental Health Officer in the work of the whole Mental Health Service. Two assistants are employed at the Council's Occupation Centre. The Administrative Assistant, as Senior Lay Officer, is also concerned with the service.

The question of the appointment of a part-time Psychiatric Social Worker is at present being considered in the light of the experience of the first six months of the Service. In view of the very small number of cases so far referred to the Local Health Authority it does not seem at the moment that such an appointment would be justified, but the position will be reviewed. At the moment all cases referred to the Local Health Authority are seen by the Medical Officer of Health, and after-care undertaken by the Mental Health Officer.

Arrangements are being made for the Mental Health Officer and the Mental Health Supervisor to attend a course of training conducted by the National Association for Mental Health.

#### **(8) Ambulance Service.**

On 5th July, 1948, the Ambulance Service came under the control of the Local Authority, as part of the Fire and Ambulance Service under the Chief Fire and Ambulance Officer. The Ambulance Service including the Sitting-Case Car Service, is administered by the Health Committee. The service is functioning smoothly and efficiently and has met adequately the increasing number of calls made upon it since its inauguration.

#### **(9) Health Centres.**

Under the new Act it is now the duty of the Local Authority to provide, equip and maintain Health Centres. No steps, however, have yet been taken in this matter nor will the Local Health Authority be required to submit proposals until instructed to do so by the Minister of Health.

### **SECTION E: PARTS III. and V. SERVICES IN 1948.**

#### **Clinics.**

Progress in connection with the provision of a Clinic in the Dudley Wood area is distinctly slow and the commencement of the building work which was mentioned in last year's report has not materialised.

There is, in addition, need for improved arrangements in the Holly Hall area. The present sessions are held in the Woodside Library which is not considered suitable for use as clinic premises permanently. The services provided are nevertheless adequate to meet the present demand but there is evidence of an increased use of the existing sessions and this position will need to be reviewed in the near future.

The following sessions are conducted in the Borough:—

### TREATMENT CENTRES AND CLINICS.

**Infant Welfare** sessions are held each week, as follows:—  
 Central Clinic, Hall Street, Dudley, on Tuesday and Friday after-  
 noons.  
 Netherton Clinic, Brewery Street, on Tuesday and Friday after-  
 noons.  
 Holly Hall Clinic, Public Library, on Monday afternoon.  
 Priory Clinic, Cedar Road, on Tuesday and Thursday afternoons.  
 Dudley Wood Clinic, Dudley Wood Schools, on Saturday  
 morning.

**Ante-Natal Clinics** are held each week as follows:—

Central Clinic on Thursday morning.  
 Priory Clinic on Wednesday afternoon.  
 Netherton Clinic on Monday afternoon.  
 Holly Hall Clinic on Tuesday morning.  
 Dudley Wood Clinic on Saturday morning.

**Minor Ailment Clinics** are held each week-day morning at the  
 following Clinics:—

Central Clinic.  
 Netherton Clinic.  
 Priory Clinic.  
 Holly Hall Clinic.

**Ear, Nose and Throat Clinic** on Saturday morning.

**Ophthalmic Clinics** on Monday morning, and Wednesday morn-  
 ing and afternoon.

**Massage Clinics** daily.

**Artificial Sunlight Clinics** on Monday, Wednesday and Thursday.

**Orthopaedic Clinic** on Friday.

**Dental Clinics** are held throughout the week at the Central,  
 Netherton, Priory and Holly Hall Clinics.

**Paediatric Clinic** once fortnightly on Friday afternoon.

**Obstetric Clinic** once monthly on Monday.



## Care of Mothers and Young Children.

### Maternity Clinics.

### Child Welfare Clinics.

Attendances at both the maternity and child welfare sessions have been satisfactory; the following figures are compared with those for 1947:—

	Expectant Mothers attending.		Total Attendances.	
	1947	1948	1947	1948
(a) Ante-Natal.	845	672	4289	3932
(b) Post Natal	157	158	207	205
(c) Child Welfare:				
Children under 1 year			15434	14477
Children between 1 and 5 years			1882	2303
			<hr/> 17316	<hr/> 16780

It will be noticed that there has been a reduction in the number of women who attended for the first time at the ante-natal clinics. Comparing the first half of the year with the second half it is interesting to note that there were 393 new cases in the first half but only 279 in the second half-year. On the other hand the ratio new cases/total attendances has shown an improvement during the year and rose from 1: 5.07 in 1947 to 1: 5.85 in 1948.

Over a number of years this ratio has shown considerable improvement for in 1936 the ratio was 1: 3.3. From the following table it will be noticed that the greatest improvement is in the post-war years.

			First Attendance.	Total Attendances.	Ratio.
1936	...	...	463	1561	1:3.3
1937	...	...	540	1829	1:3.4
1938	...	...	652	3229	1:4.9
1939	...	...	649	2328	1:3.6
1940	...	...	756	2477	1:3.2
1941	...	...	651	2390	1:3.7
1942	...	...	661	2569	1:3.9
1943	...	...	783	3238	1:4.1
1944	...	...	756	3643	1:4.8
1945	...	...	677	2632	1:3.9
1946	...	...	881	3994	1:4.5
1947	...	...	845	4289	1:5.1
1948	...	...	672	3932	1:5.9

I am very pleased to be able to report this fact having regard to the importance of adequate ante-natal care on the health of both mother and child.

Routine Wasserman tests were continued and a total of 687 tests were carried out by the Public Health Laboratory Service of which 7 were positive. In addition 465 tests were made for the



Rhesus Factor. The testing of samples of blood for the Rhesus Factor is one of the most recent advances in ante-natal care, and is instrumental in the saving of child life. This Authority has not delayed in taking advantage of this new avenue of investigation, and the figures show that approximately 21% of the mothers so examined at the Council's Ante-natal Clinics have required and have received special supervision.

I would like to take this opportunity of expressing my thanks to the ladies of the Voluntary Committees at the Central, Priory, Woodside and Netherton Clinics for the services they have given to the mothers and children during the year.

### **Orthopaedic Clinic.**

The orthopaedic clinic, under the direction of Mr. A. M. Hendry, continues to give efficient service: the responsibility for the specialist clinic passed to the Regional Hospital Board as from the 5th July, 1948, but the Council continues to make its premises at the Central Clinic available for this service. The following figures will serve as an indication of work done:—

Orthopaedic Treatment Attendances	...	...	254
Massage Attendances	...	...	739
Ultra-Violet Ray Clinic Attendances	...	...	1904

### **Dental.**

The following are the observations and report of the Senior Dental Officer, Mr. A. W. Stafford:—

#### **MATERNITY AND CHILD WELFARE.**

Owing to the departure of Mr. Nelson at the end of March, the Assistant Dental Officer, being single-handed, could not undertake the provision of dentures, and treatment was confined to the relief of pain and removal of sepsis. In two cases only were dentures provided.

When I commenced duties as Senior Dental Officer in September, I decided that an effort must be made to provide more comprehensive treatment for patients under this scheme. Prior to my arrival arrangements had been completed with an outside laboratory to carry out the mechanical work and we now have a scheme which will give full treatment, with the provision of dentures where necessary.

As this scheme was introduced late in the year, there are no further dentures to record for the period under review.

There appears to have been some difficulty in getting patients to attend regularly for the necessary extractions, but hopes are entertained that the fitting of dentures on the conclusion of the extractions will encourage a more regular attendance.

Owing to the above-mentioned change in staff, details of patients under the various headings cannot be given, as the treatment was limited as stated. These details will be given more fully in future reports, but it can be said that, apart from the

inability to provide dentures, complete treatment was given as far as possible, or as far as the patients' visits would allow.

Mothers' first attendance	...	...	...	...	53
Mothers' total attendances	...	...	...	...	80
Ante-natals, first attendance	...	...	...	...	114
Ante-natals, total attendances	...	...	...	...	150
Pre-school children, first attendance	...	...	...	...	184
Pre-school children, total attendances	...	...	...	...	198

#### **Total Fillings:**

Permanent	...	...	...	...	...	15
Temporary	...	...	...	...	...	4

#### **Total Extractions:**

Permanent	...	...	...	...	...	470
Temporary	...	...	...	...	...	236
Gas	...	...	...	...	...	321

#### **Other Operations.**

Permanent	...	...	...	...	...	50
Temporary	...	...	...	...	...	9

### **Midwifery.**

The total number of births (live and still) was 1157 of which 747 occurred at home and 410 at nearby Maternity Homes and Hospitals. Of the institutional confinements 226 took place in the Rosemary Ednam Maternity Home, where until the Home was taken over by the Regional Hospital Board on the 5th July, 1948, beds were rented from the Staffordshire County Council.

In the case of domiciliary confinements, 614 were attended by midwives alone, and in 133 cases a doctor also attended. In 309 cases Medical Aid was sent for, a percentage of 41.4 as against 38.1 in 1947.

The medical aid cases may be analysed as follows:—

#### **On Account of Mother.**

Recommended at Ante-natal Clinic	...	...	...	...	5
Torn perineum	...	...	...	...	89
Delayed Labour	...	...	...	...	24
Inertia	...	...	...	...	3
Abortion	...	...	...	...	25
Ante-partum haemorrhage	...	...	...	...	5
Post-partum haemorrhage	...	...	...	...	7
Adherent placenta	...	...	...	...	1
Rise of temperature	...	...	...	...	9
Toxaemia	...	...	...	...	5
Haemorrhage	...	...	...	...	6
Pyrexia	...	...	...	...	3
Malpresentation	...	...	...	...	13
Other conditions	...	...	...	...	45
					<hr/> 240 <hr/>

**On Account of Baby.**

Stillborn	...	...	...	...	...	...	6
Prematurity	...	...	...	...	...	...	5
Discharging Eyes	...	...	...	...	...	...	35
Other Conditions	...	...	...	...	...	...	23
							—
							69
							—

The Council has a staff of municipal midwives sufficient to meet the needs of the Borough, and the service works smoothly and efficiently.

Mothers are encouraged to have their confinements at home wherever possible but there is an increasing demand for institutional accommodation. This demand is intimately connected with the housing shortage and more women would have their confinements in their own homes if the necessary facilities were available. As it is, many more applications are received for institutional accommodation than can be allocated and vacancies are given to those mothers whose circumstances make it undesirable that they should have their babies at home.

**Health Visiting.**

The total number of visits by the Health Visitors during the year was 21,255 as against a total of 21,016 in 1947. I am pleased to report that the improvement reported in the last annual report has been maintained. The importance of the work of the Health Visitor in giving advice and health education in the home has been recognised by the vital place given to the Health Visitor in the National Health Service.

Visits to children under 1 year:—

(a) First Visits	...	...	...	...	...	1,070
(b) Total Visits	...	...	...	...	...	7,370
Visits to children between 1 and 5 years	...	...	...	...	...	10,173
Ante-natal Visits	...	...	...	...	...	380
Stillbirth Investigations	...	...	...	...	...	16
Infant Death Visits	...	...	...	...	...	37
Ophthalmia Neonatorum Visits	...	...	...	...	...	6
Miscellaneous Visits	...	...	...	...	...	1,203

The Student Health Visitor's Scheme was continued during the year, and is intended to encourage nurses to enter the Public Health Services as Health Visitors. It provides for the appointment of Student Health Visitors who are State Registered Nurses and have passed Part I of the Certificate of the Central Midwives Board, at a salary rate three-quarters that of the Rushcliffe scale for Health Visitors. After qualifying as a Health Visitor, the Students are appointed qualified Health Visitors and are required to stay with this Local Authority for a minimum period of two years.

The scheme is an excellent one and its operation assists in relieving the existing shortage of qualified Health Visitors.



### Home Nursing.

The Home Nursing Service is among the new services for which the Local Health Authority is responsible. The figures given are in respect of the period 5th July, 1948, to the 31st December, 1948.

New Patients	...	...	...	...	157
Old Patients	...	...	...	...	181
Casual Visits	...	...	...	...	79
Total Visits all patients	...	...	...	...	3569
Loan of sick room equipment	...	...	...	...	46

### Vaccination and Immunisation.

From the coming into operation of the National Health Service Act, 1946, on the 5th July, 1948, vaccination against smallpox was no longer compulsory, and the role of the Public Vaccinator passed into history. Vaccination is now carried out on request by a patient's private practitioner for which service the Local Health Authority pays a fee. The fact that vaccination against smallpox is no longer compulsory in no way minimises the importance of this protection being given to every child, but I fear that as a result of the introduction of voluntary vaccination there will be in years to come a large percentage of the population unprotected against this grave disease. My view is that this is a retrograde step, but only the future can prove or disprove such an opinion. However, I would strongly advise all parents in the Borough to have their children vaccinated against smallpox.

The position with regard to immunisation against Diphtheria is as follows:—

	Immunised during year	Total now immunised	Population (est.)	% now immunised
Children under 5 ...	1006	2848	5426	52.5

The immunisation campaign has been continued during the year and the percentage of children under 5 years of age who are immunised shows an improvement from 44.9% in 1947 to 52.5% in 1948. It is also pleasing to report that the percentage of children over 5 who are immunised is now 92.4%. While the figures may be considered as indicating satisfactory progress there is room for considerable improvement in the percentage immunised under 5 years of age, and the benefit of immunisation will continue to be impressed on parents.

### Ambulance Service.

The work of the Ambulance Service from the 5th July, 1948, to the 31st December, 1948, is summarised as follows:—

The Ambulance Services were returned to Local Authorities as from the 1st April, 1948, and became part of the National Health Service Act on the appointed day. The following is a summary of the work of the Ambulances and Sitting-Case Cars for the period 5th July, 1948—31st December, 1948.



1. No. of vehicles at 31st December, 1948.  
     Ambulances 4                      Cars 4
2. Total number of calls during the period 5th July to 31st December, 1948.  
     Ambulances 1,483              Cars 2,283
3. Total number of patients carried during the period 5th July to 31st December, 1948.  
     Ambulances 1,122              Cars 892
4. Total number of accident or other emergency calls included in column 2 during the period 5th July to 31st December, 1948.  
     Ambulances 365              Cars —
5. Total mileage during the period 5th July to 31st December, 1948.  
     Ambulances 11,265              Cars 15,345

### **Care and After-Care.**

For the first six months of the year, After-Care Help was discharged by the Social Worker holding a joint appointment for Dudley and Staffordshire. Social Aid was then confined solely to persons suffering from tuberculosis and referred by the Staffordshire, Wolverhampton and Dudley Joint Board for Tuberculosis.

In August a separate appointment was made and under the terms of the National Health Service Act, 1946, the field of activity was enlarged to take in all cases of illness in need of after-care whether discharged from hospital or not. As in all new undertakings, various difficulties have been encountered and it may be well to note some of them here before giving the usual statistical information.

1. The general public has, in the main, still to be educated in the availability of this service. It is only a few months since the scheme came into operation and as I have already pointed out there is every reason to believe that there will be a great expansion in the demand for this service in the coming year.

2. The old idea of "Public Assistance" is taking time to die out. Many people will not apply for help from the National Assistance Board because of the existence of this old idea of charity. This, of course, is to be understood, but until it dies completely it will be difficult to help the type of person not used to circumstances which may be the result of ill-health. This new service is not a charity but is simply a benefit under the improved social legislation. The National Assistance Board have given invaluable help in providing after-care in the form of monetary grants for the patients and I feel it only right to record my thanks for their assistance.

3. There is a distinct difference between a person actually an in-patient of a Hospital or similar Institution and one residing at home. In the former case, social work is the responsibility of the Hospital concerned and not that of the Local Health Authority,

who deal only with those in the latter category. Patients have not yet become aware of this fact and repeated requests for help are still received from persons who should be helped by the Hospital Authorities, but this position will be remedied when the responsibilities of the various bodies under the National Health Service Act become fully understood and appreciated.

Occupational Therapy has been provided for many patients not able to take up any other employment and many of them have been able to find a market for the goods so produced. The small income thus obtained gives the patient a feeling of independence, providing a mental stimulant.

The following figures cover the months July to December, 1948:—

Number of patients interviewed at the office	...	...	179
Number of patients interviewed at home	...	...	236
Number of patients interviewed at Hospital and Sanatoria	...	...	42
			<hr/>
Total			457
			<hr/>

### Domestic Helps.

The Domestic Help Service which was inaugurated during the latter part of 1946 has not yet been utilised to the fullest extent but this service is rapidly expanding. During the year the services of a domestic help were requested in six maternity cases and twelve other cases.

### Mental Health Service.

The following statistics relate to the work of the Mental Health Service in the community:—

#### Account of work undertaken in the community.

(a) Under Section 28 National Health Service Act, 1946.

Prevention, care and after-care:

Since 5th July, 1948, two cases have been referred for after-care and have been dealt with, and contact has been made in several cases after discharge from Mental Hospital.

(b) Under Lunacy and Mental Treatment Acts 1890—1930 by duly Authorised Officers.

Details of patients admitted under Lunacy Acts:—

Method of Admission.	Hospital	Males	Females	Total
Sect. 20 L.A. 1890	New Cross	5	5	10
Sect. 21(1) L.A. 1890	New Cross	8	4	12
Sect. 16 L.A. 1890				
	Powick	7	9	16
	Barnsley Hall	3	2	5

Details of patients dealt with under Mental Treatment Act:—

Method of Admission.	Hospital	Males	Females	Total
	Powick	2	—	2
Sect. 1 M.T.A. 1930	Barnsley Hall	3	4	7
	Winson Green	—	1	1

## (c) Under Mental Deficiency Acts, 1913—1938:—

## 1. Number of mental defectives ascertained to be “ subject to be dealt with ”:—

## (a) Under Order:

In Institutions (excluding cases on licence):

	Males	Females	Total
Under 16 years of age ...	1	—	1
Aged 16 years and over ...	24	23	47

On licence from Institution:

Under 16 years of age ...	2	—	2
Aged 16 years and over ...	5	3	8

## (b) Under Guardianship:

Aged 16 years and over ...	2	2	4
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(c) In “ places of safety ” ...	—	—	—
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## (d) Under Statutory Supervision:

Under 16 years of age ...	15	18	33
Aged 16 years and over ...	27	28	55

(e) Waiting vacancies in Institutions	2	3	5
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## 2. Number of mental defectives not at present “ subject to be dealt with ” but for whom the Local Health Authority may subsequently become liable:—

	Males	Females	Total
Under Voluntary Supervision	6	6	12

## 3. Number of Mental Defectives receiving training:—

## (a) In day training centres:

Under 16 years of age ...	9	11	20
Aged 16 years and over ...	3	10	13

(b) At home ...	—	—	—
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## 4. Particulars of Mental Defectives ascertained during the year 1948:—

## (a) Cases reported by Local Education Authorities (Sect. 57, Education Act, 1944):

(i) Under Sect. 57(3) ...	4	13	17
(ii) Under Sect. 57(5) ...	1	1	2

## (b) Method of Disposal:

Admitted to Institutions (by Order) ...	—	—	—
Placed under Guardianship (by Order) ...	—	—	—
Placed under Statutory Supervision ...	5	14	19
Died or removed from Area	—	—	—
Action not yet taken ...	—	—	—



5. Of the total number of mental defectives known to the Local Health Authority:—

(a) Number who have given birth to children during 1948:

- (i) After marriage ... 2
- (ii) Before marriage ... —

(b) Number who have married during 1948 ... Males — Females 1

(c) Number who have ceased to be under community care:—

	Males	Females	Total
Admitted to Institutions ...	—	—	—
Ceased to be under care ...	—	—	—
Died or removed from area	—	1	1

### **Training.**

The Occupation Centre at 2a, Dixons Green, has continued to function satisfactorily, and the number attending has risen to a daily average of 30.

Much useful work is being done at the Centre in the difficult task of training mental defectives, and there is no doubt as to its value. In many cases difficult and almost uncontrollable children can be made amenable to discipline as well as acquiring a vocational training which gives them an interest and often a usefulness in a life which otherwise would have little meaning for them. Only those who have visited the Centre will appreciate the painstaking work and the patience necessary to produce results which, in some cases, from a teaching point of view would be considered negligible but are often a great boon to the parents of these unfortunate children. Great credit is due to the staff at the Occupation Centre for the results achieved since the Centre was first opened in 1946. We are now taking cases from the Worcestershire County Council at the request of the County Medical Officer of Health.

I would like to express my appreciation to the ladies of the Voluntary Committee who have given such valuable assistance and contributed in no small measure to the happy running of the Centre. This is work which does not offer many attractions, and for that reason their help is all the more appreciated. I hope we may continue to benefit by their services in the future.

### **Ambulance Services.**

Transport for the conveyance of patients to hospitals has been provided by an ambulance or sitting-case car in all cases where required.



**ANNUAL REPORT OF THE SCHOOL MEDICAL OFFICER.**

To the Chairman and Members of the  
School Medical and Attendance Sub-Committee.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the School Health Service for 1948.

This year, I am able to report that in the work of the School Medical Department generally, the ground lost during the war years has now been made up and as a result of the year's work the medical examinations of school children are now right up to date and records complete. The volume of work has been no less than in previous years and I am happy to be able to report on a satisfactory standard of health among the school children in the Borough. There has been no serious outbreak of disease during the year; the seasonal incidence of measles, although higher than might have been expected, never reached epidemic proportions and had no untoward effect on the general health of the school population. Attention was drawn in last year's report to the marked reduction in the number of cases of Diphtheria and progress in this direction has been maintained. The percentage of school children in the Borough protected against Diphtheria is now 92.4%. Every endeavour will be made to see that this very satisfactory position is maintained. There is no reason why I should not be able to report in future years that not a single school child has been notified as suffering from Diphtheria. This is the ultimate objective of the Diphtheria Immunisation Scheme.

Good progress has been made during the year in the ascertainment of handicapped children. The objects of this work, however, are defeated unless provision is made for education in a special school for those children for whom special education is necessary. There has long been urgent need in the Borough for a special school and I am glad to know that definite steps have now been taken to provide this very necessary service. In this connection I am not as yet able to report progress in the provision of a Child Guidance Clinic, but I have every reason to believe that satisfactory arrangements will be possible in 1949. The importance of the ascertainment and proper disposal of the educationally sub-normal child cannot be over emphasised. Provision of adequate facilities can turn these handicapped children into useful members of the community, but on the other hand lack of such facilities can often result in these children appearing in the police courts in spite of the whole-hearted co-operation of doctors, teachers and health staffs to prevent this happening.

I would draw your attention to the report of the Senior Dental Officer: We cannot pretend to have a complete dental service without an adequate staff of Dental Officers. Unfortunately the advent of the National Health Service has done little to alleviate the problem but this is a matter which is beyond the control of the Local Authority. Immediate action by the appropriate authorities is urgently required if the collapse of the school dental service is to be prevented. Suffice it to say that Mr. Stafford, the Senior Dental Officer, has worked unceasingly with the limited staff available to meet the needs of the school population in Dudley.

At the conclusion of another year of continued effort in which past progress has been maintained, I should like to express my sincere thanks to all members of the School Health Service, the Chief Education Officer and his staff for their whole-hearted co-operation and interest in the work of the School Health Service.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

T. O. P. D. LAWSON,

Deputy School Medical Officer.

### (1) **Routine Medical Inspections.**

The routine examination of school children was carried on throughout 1948, and I have to report another very successful year's work. The total number examined at routine inspections was somewhat lower than in 1947, but the war time lag has been fully overtaken and every child attending a school in the Borough now has a record in the school medical files. It will be seen from the statistical tables which follow that there has been more emphasis on "other periodic" inspections, and 856 pupils were examined under this head.

The statutory requirements for school medical inspections are:—

- (a) On admission to a maintained school, i.e. at age 5—6;
- (b) During the last year of attendance at a primary school (age 11—12); and
- (c) During the last year of attendance at a maintained secondary school.

In addition, younger children at the Nursery Schools and classes are examined, and older pupils leaving the Grammar School, Girls' High School and the Junior Technical College are examined before taking up employment.

It will be seen that there is a wide gap of some 5—7 years between the entrance examination and the second age group and I feel that it would be greatly to the advantage of the children if they could be examined at age 8—9, when the benefits of education are beginning to be seen and the children are moving from the infants' to the junior classes. Defects such as defective vision, partial deafness and mental backwardness have by that time become apparent and measures to combat such defects could be taken earlier.

### (2) **Nutrition.**

Table IIB attempts to classify the general condition of pupils examined during the year in age groups, but the result of examinations do not form a reliable assessment of the standard of nutrition among the school children. This is due to the fact that there is no recognised standard of nutrition and, therefore, the assessments indicate the total personal impressions of the various School Medical Officers in their examinations of over 4,000 children. The figures are nevertheless a guide to the nutritional state of the school children examined and indicate that there has been an improvement over the figures for 1947. On the whole the nutritional condition of Dudley school children is satisfactory.

### (3) **School Meals.**

The School Meals Service continues to give good service and on a day in December the number of school meals provided was 3,825. This maintains the satisfactory figure shown last year and undoubtedly contributes in great part to the maintenance and steady improvement in the nutrition of the children.



#### (4) **Eye Defects.**

The Council's own scheme for the supply of spectacles was in force until the 4th July, 1948, and of 323 pairs of spectacles prescribed by the Council's Ophthalmologist 323 were issued to the pupils concerned. The time taken to supply a pair of glasses rarely exceeded 14 days from the date of the specialist's examination.

The working of the National Health Service Act, 1946, which came into operation on the 5th July, 1948, presented a different picture and in the remainder of the year 269 spectacles were prescribed and 169 were issued.

There has been experienced some delay in the provision of the spectacles prescribed for school children and I consider that where the child is concerned, prompt treatment for defective vision is essential. An approach to the Local Executive Council failed to obtain any priority for the children, but it is hoped that when the present heavy demand for spectacles has been met we shall again be able to deal with essential cases without delay.

#### (5) **Diseases of the Ear, Nose and Throat.**

An increase in the total number of children referred to the Ear, Nose and Throat Specialist is to be observed, and children continue to receive operative treatment at the Guest Hospital as necessary. The number of children who received operative treatment was 238.

#### (6) **Paediatric Service.**

The Council's specialist in disorders and diseases of children has continued to hold two sessions per month and 121 new cases were seen by him at the Priory Clinic.

Children are normally referred to the Paediatrician by the School Medical Officers, and the service has been of the utmost value in ensuring that children receive early specialist advice and such treatment as may be necessary.

The following table sets out the defects found by the Paediatrician:—

**Table 1.**

Skin	...	...	...	...	2
Otitis media	...	...	...	...	2
Nose or Throat	...	...	...	...	16
Cervical glands	...	...	...	...	11
Heart and circulation	...	...	...	...	41
Lungs	...	...	...	...	8
Developmental	...	...	...	...	2
Orthopaedic	...	...	...	...	14
Nervous System:					
Epilepsy	...	...	...	...	8
Other	...	...	...	...	22
Psychological:					
Development	...	...	...	...	2
Stability	...	...	...	...	4
Other defects or diseases	...	...	...	...	29
Total					161

It will be noted that there were 161 defects found in 121 children.

**(7) Infectious Disease.**

Details concerning notifications of infectious diseases received in respect of school children are given below:—

An increase is reported in the number of cases of measles, a disease which varies in severity from year to year. The incidence of Diphtheria is again very low and still demonstrates the great value of immunisation. Scarlet Fever and Whooping Cough show little variation from the normal incidence and there were no serious outbreaks of any disease.

Age Group.		Measles.		Diphtheria.		Scarlet Fever.		Whooping Cough.	
		M	F	M	F	M	F	M	F
5—10	...	136	169	4	2	44	34	10	14
10—15	...	6	9	1	2	15	12	—	—

**(8) Tuberculosis.**

The following notifications of tuberculosis in children of age groups 5—15 have been received. There is a decrease of five pulmonary cases and an increase of three non-pulmonary cases as compared with the figures for 1947.

				Males.	Females.	Total.
Pulmonary	...	...	...	1	2	3
Non-Pulmonary	...	...	...	4	1	5

The number of children in the age group 5—15 on the tuberculosis register at the end of the year was:—

				Males.	Females.
Pulmonary	...	...	...	10	13
Non-Pulmonary	...	...	...	13	10

These figures would not appear to give any cause for alarm but in view of the raising of the school age to 15 the school population will come nearer to the more susceptible age group for tuberculosis and one might expect an increase in the figures in the future. The highest incidence of tuberculosis comes within the age group 15—25 and when the school age has been raised to 15, I think that an important step in the prevention of tuberculosis could be achieved by mass miniature radiography of school leavers. This is not yet possible as the availability of this service is still very limited, but I hope it will be possible in the near future to make arrangements for this examination of all school leavers.

**(9) Orthopaedic Clinic.**

This Clinic, which since the 5th July, 1948, has been under the direction of the Royal Cripples Hospital, Birmingham, deals with a great many cases from areas outside Dudley, and the Clinics held once a month by the Orthopaedic Specialist are very large ones.

A nursing team also attends weekly on Fridays to carry out the treatment prescribed and to attend to plaster casts and to advise and assist the patients generally.

The figures shown below in Table III represent attendances by Dudley School children, and do not of course include school children from other areas, children under school age or adults.

In addition the Physiotherapy Department at the Central Clinic holds sessions every day under the charge of a trained physiotherapist for the practice of remedial gymnastics, massage, radiant heat, infra-red, Faradism, conisation, etc., and in addition to remedial exercises, specially graduated resistance exercises are given to weak muscles by means of weights and pulleys.

The majority of the children treated are postural cases, but children are also sent by the School Medical Officers for breathing exercises and correction of posture, and all are instructed in the method of practising home exercises; in the case of small children the mothers are also instructed.

Other orthopaedic cases are also treated by massage, manipulation and exercises.

#### **Orthopaedic Clinic—Attendances, etc., 1948.**

Number of attendances at Surgeons sessions	...	314
Massage total attendances	... ..	2426
Artificial Sunlight total attendances	... ..	1648

#### **(10) West Malvern Open-Air School.**

This school which is administered by the Worcestershire County Council takes 10 boys and 10 girls from Dudley for a term of approximately 11 weeks three times a year. 60 children thus received the benefits of a term at the school during 1948. Much time is spent in games and open air exercises and the periods of rest in the sunshine and fresh air do much, with good and regular meals, to give delicate children a chance of rehabilitation.

The pupils are selected by the Assistant School Medical Officers as being most in need of a term at a school of this type and the results obtained are most gratifying.

It is to be regretted that the number of places available for Dudley pupils is so small as the value to a debilitated child of this treatment cannot be over estimated.

#### **(11) Rotary Boys' House, Weston-Super-Mare.**

Through the kindness of Dudley Rotary Club I have been able to send a number of boys to Weston-Super-Mare. Boys between the ages of 9 and 15, who are recovering from an illness or who would not otherwise be able to afford a holiday by the sea are welcome at the House for two weeks. The holiday is free to such boys, except that the parents are usually requested to pay the return fare, and this excellent service is very much appreciated.



## REPORT OF THE SENIOR DENTAL OFFICER.

### (12) Dental Work.

At the end of March, Mr. Nelson severed his long connection with the Department, and the Assistant Dental Officer was single-handed until September, when I took charge. As a result, the number of children inspected and treated was much less than in the previous year. However, all the schools inspected in the year were completed and no cases have been carried forward into 1949. It will be the future policy that all schools inspected in any year must have the treatment completed as far as possible in the same year.

The number of specials treated has increased on the previous year, this being a natural result of staff shortage. The Netherton and Priory Schools were not inspected during the year and, in all, 15 schools were not included. As the majority of specials came from these schools, it shows the urgent necessity of obtaining additional staff—particularly as it also indicates a desire on the part of a large number of parents in those districts to participate in the benefits of the dental scheme.

Once the staff can be completed it is hoped that the number of specials will decrease substantially. Experience has shown that, where a dental staff remains constant, the acceptance rate for treatment is much higher than where there are repeated changes. This has a bearing on the number of specials, the higher the acceptance rate, the lower the specials. Again, where the staff is insufficient, they are unable to cope fully with the work which arises, comprehensive treatment cannot be undertaken, so that instead of being of a preventive nature treatment becomes, in the main, for the relief of pain. Teeth which could be saved are left, owing to pressure of work; these later become painful, and so a vicious circle is set up. With a full establishment the preventive work can be fully carried out, with the result that the dental condition after each treatment should be sufficiently sound in the majority of cases to carry the child through the ensuing year without the necessity of further treatment.

Parents in some districts still need education in the value of fillings as a preventive measure of treatment. The first permanent molars are looked upon as temporary teeth and much time is spent in explaining this. Acceptance is often given grudgingly and it is only by good conservation work that these people are won over. It is a great disservice to a dental scheme to do bad conservation. Care and attention given will reap a better harvest than quickness in getting through the work.

At the latter end of the year I introduced the permanent consent form as recommended by the Ministry. Under this scheme the parent consents at the child's first inspection at five years of age to dental treatment throughout the child's school life. It is hoped by this means to eliminate, as the years go by, the issue of consent forms each time a child requires treatment.

This does not cut out a restricted consent and the parent is still able, if so desired, to give a consent for each treatment. It is hoped that parents will see the advantage of signing the permanent form as against the restricted type.

Dentures have been supplied in 22 cases. These are, of course, of the partial type, but it is a sorry condition to report when it is realised that these cases are children from 14—16 years of age, where the loss of permanent teeth has been sufficiently great to cause impairment of the masticating power and necessitating artificial replacement. In the majority of cases this loss of teeth was due to refusal in the past to accept fillings. In the other cases accidents with fractured front teeth have been the cause.

### **X-rays.**

During the year 98 exposures were taken for Dudley cases and, in addition, 38 for Staffordshire. For the period when the Assistant Dental Officer was single-handed, no work was undertaken for adjoining Authorities, hence the low number compared with the previous year.

### **Orthodontics.**

During August Miss Still sent word that she would no longer be able to undertake the work for the Dudley children, and eight cases referred to her were returned. This necessitated a re-organisation of this work and advantage has been taken of an agreement with a Dental Laboratory to provide appliances. I have arranged with this concern to complete these regulation plates for us to our models and specifications with satisfactory results.

Twenty-four appliances have been fitted during the year and these are progressing well. In addition to being excellent propaganda it frequently has a beneficial psychological effect on the child treated. These children with irregular teeth are very conscious of them and successful treatment cures a tendency to inferiority complexes.

In 118 cases, treatment by extraction was all that was considered necessary. In these cases the teeth were either misplaced permanent teeth, supernumeraries or temporary teeth preventing the correct eruption of the permanents. The early extraction of temporary teeth is a fruitful cause of irregularity and much discretion must be used and time spent in persuading parents to leave those teeth in the mouth, to hold the position for the succeeding permanent dentition.

### **(13) Work of the School Nurses.**

All nurses doing school work also act as Health Visitors and this is an invaluable feature of the service, since the nurse knows the child and his home background before he enters school. The Health Visitor has had, therefore, every opportunity of becoming a friend of the family, and a trusted adviser in matters affecting health and hygiene.

The work has been carried on with the customary efficiency which one associates with the school nurse, and has contributed very largely to the present satisfactory standard of child health in the Borough.



Head inspections proceeded during the year and of 23,336 children examined 4,042 were found to be infested. Although there are exceptions to the rule, infestation is generally found to be a family affair and recurrences are common amongst children who have been cleansed.

The work of the school nurses is of inestimable value and is the basis of the success of the School Medical Service.

**(14) Employment of Children and Young Persons.**

During the year 72 children were examined for employment before or after school hours, and 72 certificates were granted.

The children are kept under observation at the school medical inspections and there is no evidence that such employment is detrimental to the health of the children.

In addition 20 girls were examined for employment as juvenile dancers and one was refused permission as being unfit.

All children leaving school have been carefully examined in the light of their known medical histories and have been advised as to any types of work for which they may have been found to be physically unsuitable, and the necessary liaison is effected with the Youth Employment Officer in this respect.

**(15) Speech Therapy.**

The part-time services of a qualified Speech Therapist were obtained during the year and 116 children on the waiting list were seen by her and classified into the various types of speech defects; of this number 51 received treatment in a total of 685 lessons. It will be seen from the figures quoted, the four sessions per week that the speech therapist is able to give to the work is insufficient to deal with all the children requiring speech therapy. It is estimated that the services of a speech therapist are required for eight sessions per week in order to deal with the day-to-day work. This would be justified on the proved value of the service to the school children.

**(16) Child Guidance Clinic.**

It has still not been possible to make provision for a child guidance clinic in the area or to make any suitable joint arrangements with nearby Authorities.

Dr. Andrew Shepherd, Medical Superintendent, Barnsley Hall Hospital, Bromsgrove, has however, continued to see suitable urgent cases and has been most helpful throughout the year and his unstinted assistance and advice are very much appreciated.

**(17) Handicapped Children.**

The ascertainment of handicapped children has proceeded during the year and 99 children have been examined for this purpose. Of this number

- 2 have been ascertained to be partially deaf
- 3 have been ascertained to be delicate
- 46 have been ascertained to be educationally sub-normal
- 3 have been ascertained to be epileptic
- 2 have been ascertained to be maladjusted
- 8 have been ascertained to be physically handicapped
- 18 have been found fit for education in an ordinary school
- 17 have been reported to the Local Authority under the Mental Deficiency Acts.



A great deal of work is entailed in the ascertainment of handicapped children and the work done reflects great credit on the Assistant School Medical Officers.

The work already done shows the urgent need for a special school in the Borough where the maximum assistance can be given to the sub-normal child and I am happy to report that the Chief Education Officer has informed me that plans for such a school in the Borough are well ahead.

### STATISTICAL TABLES, 1948.

**Table I.**

Medical Inspection of Pupils attending Maintained Primary and Secondary Schools.

#### A. Periodic Medical Inspections.

Number of Inspections in the prescribed groups:—

Entrants	...	...	1260
Second Age Group	...	...	1361
Third Age Group	...	...	715

Total	...	...	3336
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Number of other Periodic Inspections	856
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Grand Total	...	4192
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#### B. Other Inspections.

Number of Special Inspections	...	3706
Number of Re-Inspections	...	2525

Total	...	6231
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#### C. Pupils Found to Require Treatment.

Number of Individual Pupils found at Periodic Medical Inspection to require Treatment (excluding Dental Diseases and Infestation with Vermin).

Group (1)	For defective vision (excluding squint) (2)	For any of the other conditions recorded in Table IIA. (3)	Total individual pupils. (4)
Entrants .. ..	48	102	147
Second Age Group ..	126	156	279
Third Age Group ..	34	78	109
Total (prescribed groups)	208	336	535
Other Periodic Inspections .. ..	54	109	146
Grand Total .. ..	262	445	681

Table II.

## A. Defects found by Medical Inspection.

Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
	No. of Defects		No. of Defects	
	Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
(1)	(2)	(3)	(4)	(5)
Skin .. ..	34	12	152	42
Eyes—(a) Vision ..	262	129	162	47
b. Squint ..	19	6	16	4
c. Other ..	9	2	73	13
Ears—(a) Hearing ..	5	4	15	20
b. Otitis Media ..	45	25	69	25
c. Other ..	2	2	40	10
Nose or Throat ..	136	209	262	152
Speech .. ..	11	7	29	16
Cervical Glands ..	7	88	37	44
Heart & Circulation	33	109	18	81
Lungs .. ..	29	66	76	114
Developmental—				
a. Hernia ..	8	2	6	5
b. Other ..	2	13	3	2
Orthopaedic—				
a. Posture ..	9	7	3	4
b. Flat Foot ..	7	1	9	5
c. Other ..	13	22	38	14
Nervous System—				
a. Epilepsy ..	3	3	5	7
b. Other ..	10	5	13	17
Psychological—				
a. Development	3	5	15	10
b. Stability ..	6	1	8	6
Other .. ..	54	65	224	101

**B. Classification of the General Condition of Pupils Inspected during the year in the Age Groups.**

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of Col. 2.	No.	% of Col. 2.	No.	% of Col. 2.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants ..	1260	349	27.7	818	64.9	93	7.4
Second Age Group	1361	357	26.2	894	65.8	110	8.0
Third Age Group	715	215	30.0	433	60.5	67	9.5
Other Periodic Inspections ..	856	234	27.2	569	66.5	53	6.3
Total .. ..	4192	1155	27.6	2714	64.7	323	7.7

**Table III.**

**TREATMENT TABLES.**

**GROUP I—Minor Ailments (excluding Uncleanliness).**

(a)	Number of Defects treated, or under treatment during the year.
Skin—	
Ringworm—Scalp	
(i) X-Ray treatment .. ..	1
(ii) Other treatment .. ..	3
Ringworm—Body .. ..	19
Scabies .. ..	37
Impetigo .. ..	526
Other skin diseases.. ..	102
Eye Disease	227
(External and other, but excluding errors of refraction, squint and cases admitted to hospital)	
Ear Defects .. ..	462
Miscellaneous .. .. (e.g. minor injuries, bruises, sores, chilblains, etc.)	3130
Total .. ..	4507

(b) Total number of attendances at Authority's Minor Ailments Clinics     ...     ...     ...     ...     12,242



**GROUP II—Defective Vision and Squint (excluding Eye Disease treated as Minor Ailments—Group I).**

	No. of defects dealt with.
Errors of Refraction (including Squint) ...	710
Other defect or disease of the eyes (excluding those recorded in Group I) ... ..	188
	<hr/>
Total ...	898
	<hr/>

Number of pupils for whom spectacles were:—

(a) Prescribed ... ..	592
(b) Obtained ... ..	444

**GROUP III—Treatment of Defects of Nose and Throat.**

	Total No. treated.
Received operative treatment—	
(a) For adenoids and chronic tonsilitis ...	235
(b) For other nose and throat conditions ...	3
Received other forms of treatment ... ..	317
	<hr/>
Total ...	555
	<hr/>

**GROUP IV—Orthopaedic and Postural Defects.**

(a) No. treated as in-patients in hospitals or hospital schools ... ..	11
(b) No. treated otherwise, e.g. in clinics or out-patient departments ... ..	314

**GROUP V—Child Guidance Treatment and Speech Therapy.**

Number of pupils treated:—

(a) Under Child Guidance arrangements ...	9
(b) Under Speech Therapy arrangements ...	51

**Table IV.****DENTAL INSPECTION AND TREATMENT.**

(1) Number of pupils inspected by the Authority's Dental Officers:—					
(a) Periodic Age Groups	...	...	...	...	2648
(b) Specials	...	...	...	...	3237
(c) Total (Periodic and Specials)					5885
(2) Number found to require treatment					3415
(3) Number actually treated					4196
(4) Attendances made by pupils for treatment					5650
(5) Half-days devoted to: (a) Inspection					30
(b) Treatment					725
Total (a) and (b)					755
(6) Fillings: Permanent Teeth					3302
Temporary Teeth					188
Total					3490
(7) Extractions: Permanent Teeth					1085
Temporary Teeth					2992
Total					4077
(8) Administration of general anaesthetics for extraction					2639
(9) Other Operations: (a) Permanent Teeth					1289
(b) Temporary Teeth					124
Total (a) and (b)					1413

**Table V.****INFESTATION WITH VERMIN.**

(1) Total number of examinations in the schools by the school nurses or other authorised persons	...	23336
(2) Total number of <b>individual</b> pupils found to be infested	...	4042
(3) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	...	1948
(4) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944)	...	Nil

**Table VI.****Sunray Clinic.**

Number of children receiving ultra-violet ray therapy	309
Number of attendances	1648

**ANNUAL REPORT OF THE CHIEF SANITARY  
INSPECTOR AND CLEANSING SUPERINTENDENT  
FOR THE YEAR ENDED 31st DECEMBER, 1948.**

To the Mayor, Aldermen and Councillors of the County Borough of Dudley.

Mr. Mayor and Gentlemen,

I sincerely hope the following report may make interesting reading and convey some knowledge of the things achieved during the year.

Whilst mine is the honour of presenting the report, much praise must surely go to the staff who have so loyally and ably worked to produce the material contained therein.

I will also take the opportunity of paying tribute to the personnel responsible for the Cleansing and Salvage services. Theirs is always an unenviable and thankless task but it has been done in an efficient and thorough manner.

Since the close of the year the department has suffered a great loss in the death of Dr. Justin Martin, our late Medical Officer of Health. His pleasant personality was a joy to everyone, and to myself, as to all, he never failed to extend help and encouragement when it was needed.

To the Chairman and members of the Health Committee I express my sincere thanks for their unfailing kindness and confidence which in great measure has made possible much of the work recorded here.

I am,

Gentlemen,

Yours obediently,

W. PARKER,

Chief Sanitary Inspector and  
Cleansing Superintendent.



## INSPECTION OF FOOD, SAMPLING OF FOOD AND SUPERVISION OF FOOD PREMISES.

It is probably wrong to lay emphasis on any one section of the work done by the Sanitary Inspectors. Nevertheless, I feel it is true to say that the weight of public opinion does, to-day, lay very great emphasis on the need for cleaner methods in food preparation and handling.

This is not because present-day methods are worse than they were a few years ago (as a matter of fact the reverse obtains generally) but it is due to a more "hygienic-conscious" public—if I may coin a phrase. This awakening is due to several factors, one of which I venture to say is in no small measure due to the work of Sanitary Officers.

One must not, however, fall into the error of thinking that the Sanitary Inspector visits food premises for the sole purpose of observing cleanliness or the lack of it. Reference to the following pages will show that the Inspector must be, and is, a most competent food officer qualified to examine and classify as fit or unfit any food commodity met with. He must also be up-to-date on food standards, regulations and labelling, his sampling must be done with care and method so that the public are protected in the way in which legislation intends they should.

He is also called upon to advise in methods of sterilisation of plant and is generally the guide, philosopher and friend of food traders.

When it is considered that there are approximately 700 premises in the borough where food is handled I am sure great credit is due to the staff for the excellent manner in which they have carried out this by no means small section of their work.

### **Inspection of Meat:**

The Government's policy of centralised slaughter remained unchanged during the year. At the two bacon factories operating in the Borough, 717 pigs were notified for slaughter under the Public Health (Meat) Regulations, 1924. All were inspected, as were 280 cottagers' pigs killed on private premises. The work involved in the inspection of private pigs was considerable but can be justified on the grounds of service to the public.

The following gives particulars of carcasses and organs unfit for consumption and tabulates the causes of condemnation, in so far as pigs killed at bacon factories are concerned:—

### **All diseases except Tuberculosis:**

Whole carcasses condemned	...	...	...	...	4
Carcasses of which some part or organ was condemned					52
Percentage of the number inspected affected with disease other than Tuberculosis	...	...	...		7.8%

**Tuberculosis only:**

Whole carcasses condemned	...	...	...	...	...	...	...	3
Carcasses of which some part or organ was condemned	...	...	...	...	...	...	...	65
Percentage of the number inspected affected with the disease	...	...	...	...	...	...	...	9.4 %

**Carcases or Parts and Offals condemned:**

Carcases	...	...	...	...	...	...	...	7
Heads	...	...	...	...	...	...	...	42
Lungs (sets of)	...	...	...	...	...	...	...	64
Livers	...	...	...	...	...	...	...	29
Hearts	...	...	...	...	...	...	...	39
Kidneys	...	...	...	...	...	...	...	13
Mesenteries	...	...	...	...	...	...	...	26
Intestines and Stomachs	...	...	...	...	...	...	...	17
Spleens	...	...	...	...	...	...	...	5
Portions of Loin	...	...	...	...	...	...	...	1

**Diseases:****Weight of Meat  
Condemned.**

Tuberculosis	...	...	...	...	...	...	...	1461 $\frac{1}{4}$ lbs.
Pneumonia	...	...	...	...	...	...	...	79 $\frac{1}{4}$ lbs.
Pericarditis	...	...	...	...	...	...	...	14 $\frac{1}{4}$ lbs.
Pleurisy	...	...	...	...	...	...	...	33 $\frac{1}{2}$ lbs.
Congestion	...	...	...	...	...	...	...	1 lb.
Cirrhosis	...	...	...	...	...	...	...	9 lbs.
Fatty Liver	...	...	...	...	...	...	...	4 $\frac{1}{2}$ lbs.
Abscesses	...	...	...	...	...	...	...	23 lbs.
Peritonitis	...	...	...	...	...	...	...	92 lbs.
Cysts	...	...	...	...	...	...	...	16 $\frac{1}{2}$ lbs.
Pyæmia	...	...	...	...	...	...	...	25 lbs.
Fibrosis	...	...	...	...	...	...	...	5 lbs.
Nephritis	...	...	...	...	...	...	...	3 $\frac{3}{4}$ lbs.
Emaciation	...	...	...	...	...	...	...	75 $\frac{1}{2}$ lbs.

Total weight of meat condemned: 16 cwts. 1 qr. 23 $\frac{1}{2}$  lbs.

Visits to Slaughterhouses ... 73

Visits for inspection of private pigs ... 390

**INSPECTION OF OTHER FOODS.**

During the year, the District Inspectors made 172 visits to food premises for the purpose of food inspection. The following foodstuffs were condemned:—

Peas	...	...	...	...	...	399 tins
Beans	...	...	...	...	...	138 tins
Potatoes	...	...	...	...	...	4 tins
Parsnips	...	...	...	...	...	1 tin
Carrots	...	...	...	...	...	122 tins
Spinach	...	...	...	...	...	19 tins
Beetroot	...	...	...	...	...	98 tins
Anchovies	...	...	...	...	...	2 tins
Meat and Vegetable Ration	...	...	...	...	...	11 tins
Mixed Vegetables	...	...	...	...	...	5 tins
Steak and Kidney Pudding	...	...	...	...	...	1 tin
Stewed Steak	...	...	...	...	...	2 tins
Pork and Beans	...	...	...	...	...	10 tins

Stews	...	...	...	...	3 tins
Fruit	...	...	...	...	352 tins
Fruit	...	...	...	...	8 bottles
Fruit	...	...	...	...	109 lbs.
Fish	...	...	...	...	524 tins
Fish (Kippers)	...	...	...	...	18 pairs
Roes	...	...	...	...	6 stones
Soups	...	...	...	...	32 tins
Jam	...	...	...	...	45 tins
Jam	...	...	...	...	4 jars
Marmalade	...	...	...	...	67 tins
Marmalade	...	...	...	...	1 jar
Chocolate Spread	...	...	...	...	6 jars
Syrup	...	...	...	...	11 tins
Mincemeat	...	...	...	...	1 jar
Breakfast Spread	...	...	...	...	1 jar
Milk	...	...	...	...	741 tins
Dried Milk	...	...	...	...	1 tin
Milk Food	...	...	...	...	3 tins
Spaghetti	...	...	...	...	21 tins
Soyagetti	...	...	...	...	5 lbs.
Semolina	...	...	...	...	3 pkts.
Macaroni	...	...	...	...	30 lbs.
Macaroni and Cheese	...	...	...	...	1 tin
Pudding Powder	...	...	...	...	14 pkts.
Puddings	...	...	...	...	5 tins
Prunes	...	...	...	...	49 lbs.
Prunes	...	...	...	...	5 tins
Sultanas	...	...	...	...	60 lbs.
Butter	...	...	...	...	102 lbs. 1 oz.
Apple Butter	...	...	...	...	4 tins
Margarine	...	...	...	...	23 lbs. 10 ozs.
Cooking Fat	.....	...	...	...	1 lbs. 2 ozs.
Suet	...	...	...	...	7 lbs.
Tea	...	...	...	...	26½ lbs.
Sugar	...	...	...	...	5½ lbs.
Coffee	...	...	...	...	1 tin
Cheese	...	...	...	...	13 lbs. 2 ozs.
Cheese	...	...	...	...	106 boxes
Flour	...	...	...	...	259 lbs.
Bread	...	...	...	...	317 loaves
Bacon	...	...	...	...	16 tins
Bacon	...	...	...	...	17¼ lbs.
Eggs	...	...	...	...	26
Sausage	...	...	...	...	12 tins
Chicken	...	...	...	...	1 tin
Turkey	...	...	...	...	1 tin
Meats	...	...	...	...	187 tins
Meats	...	...	...	...	65 lbs.
Whalemeat	...	...	...	...	8 tins
Rabbits	...	...	...	...	1
Rabbits	...	...	...	...	4 tins
Chocolate	...	...	...	...	2 lbs. 4 ozs.
Sweets	...	...	...	...	6 ozs.
Pickles	...	...	...	...	8 jars
Fish Paste	...	...	...	...	6 tins
Fish Paste	...	...	...	...	10 jars



Fish Cakes	...	...	...	...	31 tins
Meat Paste	...	...	...	...	3 tins
Grapefruit Juice	...	...	...	...	13 tins
Orange Juice	...	...	...	...	19 tins
Tomato Juice	...	...	...	...	78 tins
Melon and Ginger Juice	...	...	...	...	2 tins
Jellies	...	...	...	...	2 tins
Cordials	...	...	...	...	3 bottles
Health Salts	...	...	...	...	1 tin
Sauce	...	...	...	...	4 bottles
Salad Cream	...	...	...	...	6 jars
Piccalilli	...	...	...	...	1 jar
Hors d'oeuvres	...	...	...	...	1 tin
Cereals	...	...	...	...	21 pks.
Sweet Corn	...	...	...	...	1 tin
Walnuts	...	...	...	...	10 $\frac{1}{4}$ lbs.
Olives	...	...	...	...	3 jars

## MILK SUPPLIES.

### Retailers:

Milk retailers are registered under the Food and Drugs Act, 1938, and the Milk and Dairies Order, 1926. At 31st December, 1948, the numbers registered were:—

Purveyors of Bottled Milk	...	132
Purveyors of Loose Milk	...	26

Most of the milk sold in the Borough was subjected to heat treatment and delivered to consumers in sealed bottles.

### Dairies:

Eleven dairies were in use in the Borough, all of which were regularly visited during the year. The standard of cleanliness was generally very high and apart from occasional requests for re-decoration, no action was necessary.

### Cowsheds:

There were only 3 cowkeepers carrying on business in the Borough. The cowsheds are of sound construction and the District Inspectors received full co-operation from the producers throughout the year.

### Designated Milk:

Under the Milk (Special Designations) Regulations all dealers in Pasteurised, Tuberculin Tested and Accredited milks are subject to registration.

The following registrations were in force at the end of 1948:—

	Accredited Tuberculin Pasteurised		
	Milk	Tested Milk	Milk
No. of Dealers' Licences	...	2	7
No. of Supplementary Licences	1	6	8

There were no premises in the Borough licensed for the heat treatment of milk under the Regulations. One licence was in force for the bottling of Accredited milk.

### SAMPLING FOR CHEMICAL ANALYSIS.

The taking of samples and their submission to the Public Analyst continued during the year. It is the policy of my department to sample as wide a range of foodstuffs and drugs as possible and during the year 71 formal and 214 informal samples were taken, as compared with 41 formal and 125 informal samples during 1947.

The actual samples taken during the year were as follows:—

Commodity	In-formal	Formal	Commodity	In-formal	Formal
Ammoniated Tincture of Quinine .. ..	1	—	Laxative Fig Syrup ..	1	—
Aniseed & Liquorice Drops	1	—	Lemon Curd .. ..	1	—
Baby Food .. ..	1	—	Lemon Kali .. ..	1	—
Baking Powder .. ..	3	2	Lemonade Powder ..	1	—
Barley Kernels .. ..	1	—	Liquid Paraffin .. ..	4	—
Barley Malt .. ..	1	—	Linseed Compound Tablets	1	—
Beef Extract .. ..	1	—	Little Healers .. ..	1	—
Betox .. ..	1	—	Liver Salts .. ..	1	—
Bicarbonate of Soda ..	2	—	Macaroni .. ..	1	—
Bilberry Jam .. ..	1	—	Magnesium Carbonate ..	1	—
Borax & Honey .. ..	1	—	Malt Cup .. ..	2	—
Bun Flour .. ..	1	—	Malt Vinegar .. ..	5	—
Butter .. ..	2	—	Malt Tablets .. ..	1	—
Brandy .. ..	—	1	Soft Drinks .. ..	4	—
Breakfast Oats .. ..	1	—	Soothing Powders .. ..	1	—
Brimstone & Treacle ..	1	—	Soya Flour .. ..	1	—
Cake Flour .. ..	1	—	Compound Lemon, Glycerine & Honey Mixture	1	—
Camphor Mustard Oils ..	1	—	Composition Essence ..	1	—
Candied Peel .. ..	1	—	Cooking Fat .. ..	1	—
Castor Oil .. ..	2	—	Cough Mixture .. ..	2	1
Cascara Tablets .. ..	1	—	Cough Syrup .. ..	1	—
Cheese .. ..	1	—	Culinary herbs .. ..	1	—
Chemical Food .. ..	1	—	Custard powder .. ..	1	—
Chest & Lung Mixture ..	1	—	Dessicated Soup .. ..	1	—
Chicken Broth .. ..	1	—	Digestive Tablets .. ..	1	—
Chutney .. ..	1	—	Dressed crab .. ..	1	—
Cochineal colouring ..	1	1	Dried Onions .. ..	1	—
Cod Liver Oil .. ..	2	—	Edible Cake Decorations	1	—
Coffee .. ..	3	—	Edible Fat emulsifier ..	1	—
Coffee extract .. ..	1	—	Embrocation .. ..	1	—
Glycerine of Lemon ..	1	—	Eucalyptus Oil .. ..	1	—
Golden Raising Powder ..	1	—	Essence of Peppermint ..	1	—
Gooseberry Jam .. ..	3	1	Essence of Rennet .. ..	1	—
Grape Saline .. ..	1	—	Fever mixture .. ..	1	1
Gravy Browning .. ..	4	—	Fish Balls .. ..	1	—
Gravy Powder .. ..	1	—	Fish Paste .. ..	7	—
Gravy Powder & Browning	2	—	Forcemeat .. ..	1	—
Gripe Mixture .. ..	1	—	Friars Balsam .. ..	1	—
Ground Cinnamon .. ..	1	—	“Frooty” Tablets .. ..	1	—
Ground Nutmeg .. ..	1	—	Fruitee Flip .. ..	—	1
Health Salts .. ..	2	1	Frying Oil .. ..	—	1
Horseradish Sauce .. ..	1	—	Gelatine .. ..	1	—
Ice cream .. ..	4	—	Gin .. ..	—	2
Indian Brandee .. ..	2	1	Glycerine .. ..	3	—
Inglis Food .. ..	1	—	Margarine .. ..	2	—
Jam .. ..	2	—	Meat Soup .. ..	1	—
Jelly .. ..	1	—	Meat Tenderiser .. ..	1	—
Jelly Powders .. ..	2	—	Medicated Peppermints ..	1	—
Junket .. ..	1	—	Medicinal Balsam .. ..	2	—
Kandy Nuts .. ..	—	1	Menthol Pellets .. ..	1	—
Kilkof .. ..	1	—	Milk .. ..	—	49
Laxative Chocolate ..	1	—	Milk Cup .. ..	1	—

Commodity	In-formal	Formal	Commodity	In-formal	Formal
Mint Sauce .. ..	1	—	Seidlitz Powder .. ..	1	—
Mixed Spice .. ..	1	—	Self Raising Flour .. ..	1	—
Mustard .. ..	2	—	Spirits .. ..	—	3
Nerve Tonic .. ..	1	—	Sponge & Pudding Mix's.	5	—
Nutmeg .. ..	1	—	Stomach Powders .. ..	2	—
Oat Cakes .. ..	1	—	Strained Green Beans .. ..	1	—
Olive Oil .. ..	4	—	Strained Prunes .. ..	1	—
Parsley & Thyme Force-			Strawberry Flavouring .. ..	1	—
meat .. ..	1	—	Synthetic Flavourings .. ..	2	—
Pearl Barley .. ..	1	—	Sweet Pickles .. ..	1	—
Pepper .. ..	3	—	Table Dessert .. ..	2	—
Piccalilli .. ..	1	—	Tea .. ..	2	—
Pickles .. ..	1	—	Tomato Juice & Sauce .. ..	4	—
Pickled Walnuts .. ..	1	—	Throat Tablets .. ..	1	—
Plum Jam .. ..	3	—	Tincture of Iodine .. ..	2	1
Pure Oil .. ..	1	—	Tonic Food .. ..	1	1
Raspberry Flavouring .. ..	1	—	Thyme .. ..	1	—
Raspberry Vinegar .. ..	1	—	Vanilla Essence .. ..	1	—
Red Cabbage .. ..	1	—	Verrox Spread .. ..	1	—
Rubbing Oils .. ..	2	—	Vinegar .. ..	1	—
Rum .. ..	—	2	Whale Meat Sausage .. ..	—	1
Salad Dressing .. ..	3	—	White Pepper .. ..	1	—
Salmon and Shrimp Paste	1	—	Yankee Relish .. ..	1	—
Sauce .. ..	5	—	Yorkshire Relish .. ..	1	—
Sausage .. ..	2	—			

Of the 285 samples taken the Public Analyst presented an adverse report on 26, i.e. 9.1%. In a number of cases the irregularities were minor in character and warning letters to the retailers or manufacturers were sent. In 5 instances, however, the deficiencies were serious and legal proceedings were taken with the following results:—

Sample No.	Offence.	Court decision.
253	Sample of baking powder contained 6.5% of carbon dioxide as against 8% required by the Food Standards (Baking Powder Etc.) Order, 1944.	Vendor fined 10s. with costs.
254	Sample of baking powder contained 3.6% of carbon dioxide as against 8% required by the Food Standards (Baking Powder Etc.) Order, 1944.	Manufacturers fined £10 with costs.
255	Sample of oil sold as pure oil suitable for cooking and frying was entirely mineral oil.	Suppliers fined £20 with £5 5s. 0d. costs.
310	Sample of gooseberry jam contained 62.5% soluble solids as against the required amount of 68.5%.	Manufacturers fined £5 with £1 1s. 0d. costs.
373	Sample of sweetmeat sold as "Kand-y-nuts" did not contain nuts. Proceedings instituted under Section 2 of Merchandise Marks Act, 1887.	Fines of £2 10d. 0d. imposed in each of two cases.



## **SAMPLING OF MILK FOR BACTERIOLOGICAL EXAMINATION.**

Weekly sampling of milk for submission to the Bacteriologist continued during the year. The number of samples submitted was 435 as compared with 228 in the previous year.

The time involved in this work was considerable but it was well spent. Adverse reports on heat treated milks were immediately notified to the Area Milk Officer at Birmingham. Persons selling unsatisfactory untreated milk were interviewed by the District Inspectors where possible and in many instances the cause of failure traced and rectified. Sampling was carried out to a set plan which fully justified itself during the year. The table printed overleaf gives a numerical summary of the reports received from the Bacteriologist.

Having regard to the measures taken to ensure the delivery of clean milk to the consumer, I would make a plea to all housewives to safeguard milk in the home and to make sure that milk is always left covered and protected from heat. The dairyman does all he can to prevent contamination and it is equally important that housewives should follow his example.

BACTERIOLOGICAL EXAMINATION OF MILK.

Samples.	(a) BACTERIOLOGICAL CONTENT.										(b) Phosphatase Test.		(c) Turbidity Test.		(d) Tuberculosis Test.		(e) Phenol Phthalein Test	
	No. taken for		Methylene Blue Reduction Test.		Coliform Organisms present in			Coliform Organisms absent from										
	Bact. exam. (a)	T.B. test (b)	Satis.	Unsat- is.	1	100 c.c.	1	100 c.c.	1	10 c.c.			Satis.	Unsat- is.			Neg.	Pos.
Undesignated Milk ..	165	14	118	46	19	19	47	80	—	—	—	—	—	—	13	1	—	—
Heat Treated Milk ..	8	—	7	1	—	—	—	—	—	—	—	—	6	2	—	—	—	—
Sterilised Milk ..	106	—	106	—	—	—	—	—	—	—	—	—	50	2	53	1	—	—
Designated Milk Accredited ..	13	1	8	5	—	7	—	—	6	—	—	—	—	—	—	1	—	—
T.T. Pasteurised	70	—	65	4	—	—	—	—	—	—	66	4	—	—	—	—	26	1
Pasteurised ..	73	—	69	3	—	—	—	—	—	—	71	2	—	—	—	—	32	—
TOTALS ..	435	15	373	59	19	26	47	80	6	—	193	10	53	1	13	2	58	1

## ICE CREAM.

All premises used for the manufacture, storage or sale of ice cream are subject to registration under the Food and Drugs Act, 1938. There were 16 premises in the Borough at which ice cream was manufactured during the year and all of them were of good standard. The District Inspectors carried out 192 inspections during the year and it is pleasing to record the co-operation and public spirit shown by the trade generally. Suggestions made by the Inspectors have been promptly put into practice by manufacturers and retailers alike and cleanliness in ice cream premises has been consistently high.

During the year, 151 samples were taken and submitted for bacteriological examination. Considerable time has been spent in the interviewing of shopkeepers and manufacturers following unsatisfactory reports but it has brought a general improvement in the cleanliness of ice cream sold in the Borough.

The following gives a tabulated summary of the results of the samples submitted:—

	Type of Mix.	No. of samples taken	Grade 1	Grade 2.	Grade 3.	Grade 4.
Produced in Dudley	Heat treated	96	42	19	16	19
	Not heat treated	8	7	—	1	—
Not Produced in Dudley	Heat treated	47	13	9	9	16
	Not heat treated	—	—	—	—	—
	Totals	151	62	28	26	35

**Key:** Grade 1—Good.      Grade 2—Fairly good.  
Grade 3—Poor.      Grade 4—Unsatisfactory.

## LEGAL PROCEEDINGS.

During the year proceedings were taken in one instance for manufacturing ice cream on unregistered premises. The case was dismissed under the Probation of Offenders Act.

## SUPERVISION OF FOOD PREMISES.

The need for the hygienic handling and preparation of food has been more fully recognised of late and it is to be hoped that legislation will be introduced as soon as possible which will more adequately deal with the matter. The Food and Drugs Act gives a measure of control to local authorities but it is my opinion that much more could be done to enforce hygienic principles if comprehensive legislation were introduced.



The following visits were made to food establishments in the Borough during the year:—

General Food Shops	...	...	...	...	72
Food Preparing Premises subject to registration					30
Canteens	...	...	...	...	43
Restaurants	...	...	...	...	77
Bakehouses	...	...	...	...	82
Fried Fish Shops	...	...	...	...	103
Butchers' Shops	...	...	...	...	17

Forty-four notices were served and 26 notices complied with.

The high cost of building together with the shortage of materials and equipment have slowed down considerably works of adaptation and improvement.

### MISCELLANEOUS.

During the year proceedings were taken under Section 2 of the Merchandise Marks Act, 1887, against a fishmonger for exposing haddock as "selected hake." The Bench imposed a fine of £10.

### OVERCROWDING AND HOUSING.

So much has been said about housing that at times it seems there is no more to say and yet we continue to talk and write about it.

This is perhaps so because—like the poor—housing problems are always with us. Also because to-day these problems are accentuated.

Unlike many towns, Dudley had a great housing need in 1939. There was an excess of family units over available houses and there were large areas which could only be dealt with by way of clearance.

The war years have aggravated both problems. Unfit houses are more unfit and in many, many cases are even beyond first aid repair. The number of family units without a separate home has increased, and whilst it is not possible to give an accurate figure it is known that there are more than 2,000 such cases in the borough.

With such a background little imagination is needed to realise the difficulties which have beset the department. Great diplomacy is needed in dealing with owners, tenants and sub-tenants. In spite of the difficulties it is possible to report that much good work has been done both in the re-housing of families from some of the worst of the unfit houses and families who were overcrowded.

It would be remiss of me to conclude my comments on housing without making mention of the excellent co-operation existing with the Housing Department and also of the sympathetic and

practical consideration of the Housing Committee towards the cases brought to their notice by my department. Evidence of this will be seen in the perusal of this report and it gives me a sense of great satisfaction to know that no less than 323 families whose housing needs were urgent were re-housed during the year. This includes 47 cases of special medical significance referred to the Committee by the Medical Officer of Health and mentioned in his report.

## **OPERATION OF THE HOUSING ACT, 1936.**

### **Section 9—Repairs.**

The necessity for conserving building manpower and materials did not ease during the year and no inspections under this heading were made.

### **Section 11—Demolition Orders.**

Restricted operations, confined entirely to dangerous houses, continued during the year, with the following results: —

No. of houses represented	...	...	...	43
No. of Demolition Orders made	...	...	...	34
No. of Undertakings to make fit accepted	...	...	...	1
No. of houses demolished	...	...	...	34

This brings the grand total of individually unfit houses demolished to 1,002. District Inspectors made 261 visits to properties.

### **Section 12—Closing Orders.**

One Closing Order was made during the year. One house on which a Closing Order was operative was demolished.

### **Sections 25 and 26—Clearance Areas.**

The problem of slum clearance in the Borough is becoming more serious year by year and a full-scale resumption at the earliest possible moment is of paramount importance not only to the Corporation but to the unfortunate people who are compelled to live in such unhealthy and squalid environments.

Unfortunately, acute housing shortage made it impossible to represent any areas for clearance during the period under review. It is, however, pleasing to report progress with areas which were confirmed a short time ago.

The re-housing of the families from the Low Town Area and the demolition of the houses was almost completed during the year. Good progress was also made with the Rayboulds Fold and St. Giles Street Areas.

The number of houses demolished during the year was 104 which brings the total of demolished houses in clearance areas to 1,662.

District Inspectors made 376 visits to properties in clearance areas.

### Overcrowding.

The extent to which overcrowding exists in the Borough cannot be estimated. In spite of the low standard laid down in the Housing Act, 1936, there were 197 overcrowded and potentially overcrowded cases investigated for the first time during the year. In practically every case the overcrowding was discovered as a result of complaints from occupants. During this same period 112 cases of overcrowding were rehoused and a further 97 houses were decrowded as a result of own removals. At the end of the year 223 known cases of overcrowding were recorded.

The number of visits made in connection with overcrowding was 817.

### Rehousing.

My department has continued to submit to the Housing Tenancy Sub-Committee lists of overcrowded and unfit house cases.

The work of inspecting and compilation of reports, though onerous, has been well worth while in view of the betterment of conditions accruing to so many families.

No. of cases rehoused because of overcrowding	...	...	112
No. of cases rehoused because of tuberculosis	...	...	26
No. of cases rehoused because of special health features	...	...	21
No. of families rehoused from houses on which a Demolition Order or Closing Order was operative	...	...	52
No. of families rehoused from Clearance Areas	...	...	112
			—
Total			323
			—

This total compares with 136 in 1947 and the number of Health Department cases rehoused from November, 1929, to 31st December, 1948, was 4,357.

### SANITARY ADMINISTRATION.

This section is almost entirely made up of tables and figures. At a cursory glance they may seem uninteresting but a closer inspection will show that they are representative of work which, whilst regarded as routine, is very important.

No one would minimise the importance of the investigation of infectious diseases. Neither would one belittle any work done to improve the comfort and well-being of family life as outlined in the itemised table of defects remedied.

Viewed with realism sanitary administration assumes its rightful importance within the framework of environmental public health and the so-called routine work of the Sanitary Inspector is brought into its right perspective.

Within the very short paragraph on Rodent Control is contained the result of a full year's systematic survey, investigation and treatment of the borough. The smooth efficiency of this service is reflected in the decrease of infestations.





### Legal Proceedings.

During the year 27 cases of failure to abate statutory nuisances were heard by the Magistrates with the following results:—

Cases adjourned on an undertaking by owners to complete works	...	...	...	...	...	...	...	19
Cases withdrawn—work done prior to hearing	...	...	...	...	...	...	...	6
Cases dismissed	...	...	...	...	...	...	...	2

### Domestic Water Supply.

No. of premises (excluding Council houses) having a private supply (estimated)	...	...	...	...	...	...	...	9,507
No. of Council houses	...	...	...	...	...	...	...	5,872
No. of premises having common water supplies (estimated)	...	...	...	...	...	...	...	2,019
No. of taps and standtaps used in common (estimated)	...	...	...	...	...	...	...	1,423

### Water Samples.

Three samples of water were taken from the Public Baths and all were found to be satisfactory.

### Factories.

Considerable attention was given to factories during the year. The number inspected was 178 and, in addition, 126 revisits were made. Fifty-two informal and 6 formal notices were served and 33 informal and 5 formal notices were complied with.

Legal proceedings were taken against one firm for contraventions of the Factories Act and the Sanitary Accommodation Regulations. At the hearing a fine of £1 on each of two charges was imposed. Two additional charges were withdrawn by the Corporation.

The following table gives an indication of unsatisfactory conditions found in factories during the year:—

Contravention	Inspections	Re-inspections	Defects Found	Defects Remedied.
Want of cleanliness ..	1	1	1	1
Overcrowding ..	—	—	—	—
Unreasonable temp'ture	—	—	—	—
Inadequate ventilation	—	—	—	—
Ineffective drainage of floors .. ..	—	—	—	—
Sanitary conveniences—				
(a) insufficient ..	25	37	70	44
(b) unsuitable or defective ..	70	43	211	101
(c) not separate for sexes .. ..	2	10	7	9

**Outworkers.**

(a) No. of lists received from employers	...	...	...	22
(b) No. of employers involved	...	...	...	11
(c) Outworkers involved	...	...	...	34
(d) No. of outworkers living outside Borough	...	...	...	23
(e) No. of districts in (d)	...	...	...	8
(f) No. of lists received from outside Authorities	...	...	...	15
(g) No. of outworkers involved	...	...	...	69

**Infectious Diseases.**

The investigation of notified cases of infectious disease continued as usual.

				<b>No. of visits (inc. re-visits)</b>	
				<b>1948.</b>	<b>1947.</b>
				<b>1948.</b>	<b>1947.</b>
Scarlet Fever	...	...	178	138	} 283      344
Diphtheria	...	...	29	37	

**SANITARY ACCOMMODATION.**

No. of houses and other premises (estimated)	...	...	17,348
No. of houses and other premises served by W.C.'s draining into public sewers	...	...	17,188
No. of houses and other premises served by ashbins	...	...	17,345
No. of privies in the Borough	...	...	4
No. of cesspools in the Borough	...	...	72
No. of pail-closets in the Borough	...	...	96

**Particulars of conversions from conservancy system during the year.**

Privies converted to W.C.'s	...	...	...	2
Pails converted to W.C.'s	...	...	...	Nil
Privies and pails abolished by demolition of dwelling-houses	...	...	...	5
Privies converted to pails	...	...	...	7

**RODENT CONTROL.**

The work of rodent control continued smoothly. I indicated in my last Report that infestation had been reduced to a minimum and this opinion has been fully borne out during 1948.

The following table summarises the work done and gives a comparison with the previous year's figures:—

				<b>1948</b>	<b>1947</b>
No. of premises treated	...	...	...	128	151
No. of premises re-treated	...	...	...	108	130
No. of pre-baits laid	...	...	...	7257	9129
No. of poison baits laid	...	...	...	1161	1448
No. of pre-bait takes	...	...	...	3109	4620
No. of poison bait takes	...	...	...	723	869
Estimated No. of rats killed	...	...	...	1961	2928
No. of visits made	...	...	...	2202	3258



### Sewer Treatment.

In accordance with the Ministry of Agriculture's recommendations two treatments of the sewers were carried out at six-monthly intervals.

The work involved was considerably less than in the previous year. Of the 1,346 manholes in the Borough, 713 were baited during the first treatment and 459 during the second. The complete or partial takes were 133 and 120 respectively.

### Disinfection and Disinfestation Service.

#### Fumigation and Removal Service.

No. of houses treated with H.C.N.—

Corporation	...	...	...	...	...	...	Nil
Private	...	...	...	...	...	...	Nil
No. of rooms involved	...	...	...	...	...	...	Nil
No. of household furniture removals for which H.C.N. treatment was given	...	...	...	...	...	...	179

Houses treated with insecticide:—

Corporation	...	...	...	...	...	...	28
Private	...	...	...	...	...	...	19

No. of rooms involved:—

Corporation	...	...	...	...	...	...	68
Private	...	...	...	...	...	...	51

No. of houses disinfected after Infectious diseases ... 264

No. of rooms involved ... 310

No. of visits to tips re crickets, etc. ... 117

No. of library books disinfected ... 196

Articles disinfected or destroyed:—

			Disinfected.	Destroyed.
Mattresses	...	...	83	22
Pillows	...	...	1246	4
Bolsters	...	...	446	2
Sheets	...	...	299	—
Blankets	...	...	2519	2
Overlays	...	...	1003	9
Sundries	...	...	1359	9
			—	—
Totals	...	...	6955	48
			—	—

## **PUBLIC CLEANSING.**

Almost on no day during the year was it possible to say there was a man for every job. Labour shortage showed no signs of improvement and continued to impose strain on the service.

Notwithstanding this, and other factors upon which I will comment later, it is with very great pleasure that I draw attention to the achievements of the year.

On many occasions it is said that the Cleansing Service is a costly one, but, whilst agreeing with this statement, I venture to say it is money well spent and in these days of rising costs I feel a measure of pride in drawing special attention to the table dealing with costs.

Before doing so may I now mention two items materially affecting the service, which are of special importance. On the 1st October weekly working hours per man were reduced from 47 to 44 and at the same time a 5-day week was introduced. Considerable re-organisation was needed if the service had to function with its usual smoothness and efficiency without the introduction of extra personnel and vehicles. Suffice it to say that the change over was made without any disruption or additions. Also during the year a weekly collection service was aimed at and it is pleasing to say that such a service was maintained throughout the Borough during the whole year. This is reflected in the table dealing with house refuse collection, where it is shown that the average number of ashbins cleansed per week exceeds the previous year's figure by approximately 5,000. There was, in addition, 340 new premises added and for which refuse collection had to be arranged.

In 1947 the cost of the service to the town was £25,837, but during the year under review the cost was reduced to £21,590—a reduction of £4,247.

Summing up, therefore, the picture as a whole is good to look upon. With an increased collection and a reduction in man hours (but not rate of pay) the total expenditure has been materially reduced.

## **VEHICLES.**

Change and improvement have also been evident in the servicing and maintenance of vehicles. Replacements have come along steadily and most of the disgracefully decrepit vehicles have been taken off the road. Organised servicing and maintenance has been introduced and at the same time the scope of the department has been widened to include body repairs, painting, etc. The financial saving effected during the year is ample reward coupled with the increased efficiency of the vehicles themselves.

## **DISPOSAL.**

Household refuse was disposed of entirely by means of controlled tipping. Good progress was made on the reclamation schemes and with the systematic use of tip dressings and periodical rodent control no serious infestation troubles arose.

Trade refuse was incinerated as usual.

**COSTS.****A. General.**

	Financial year ending 31st March.	
	1949	1948
Total cost of cleansing services .. ..	£21606	£26116
Loan charges .. .. .	£851	£893
Expenditure for all services .. ..	£22457	£27009
Income from trade refuse, miscellaneous sales and royalties .. .. .	£867	£1172
Net expenditure for all purposes .. ..	£21590	£25837
Rateable value .. .. .	£320307	£304280
Product of penny rate .. .. .	£1258	£1212
Total rates in £ .. .. .	16/-	21/-
Net cost—equivalent rate in the £ .. ..	1/5.1	1/9.3
% of above total rates in the £ .. ..	8.91%	8.45%
Weight (in cwts.) per 1,000 population per day (366 days) .. .. .	15.824	15.38
Total net cost per premises cleansed ..	24/10	30/4

**B. Collection.**

	Financial year ending 31st March.	
	1949	1948
Total cost (including loan charges and exclusive of Income) .. .. .	£15419	£14965
Total cost per ton .. .. .	17/-	17/9
Total cost per premises cleansed .. ..	17/9	17/7

**C. Disposal.**

	Financial year ending 31st March.	
	1949	1948
Total cost (including loan charges and exclusive of Income) .. .. .	£3617	£3764
Total cost per ton in control of tips .. ..	4/-	4/6



**D. Lister Road Depot.**

	Financial year ending 31st March.	
	1949	1948
Total cost .. .. .	£3461	£4062

**General.**

Of the estimated 17,348 premises in the Borough, 17,345 had dustbins for the reception of household refuse. During the year 2,005 visits were made in connection with defective dustbins and 734 new bins were provided.

The number of houses draining into public sewers was 17,188 and at the end of the year 4 privies, 72 cesspools and 96 pails were being emptied by the Cleansing Department. Pails were emptied weekly and cesspools at varying periods dependent on their capacity and usage.

During the year 2 privies or pails and 3 ashpits were abolished. It is expected that privies will be completely eliminated during 1949.

**SALVAGE.**

Efforts to increase the collection of salvage have continued and have brought results. There has been an increase in weight over the previous year's collection of 141 tons. Financially this has meant a profit during the year of £351 as compared with a loss of £156 last year. The main items of salvage are paper and waste food and it is still true to say that the major part of the paper collected does not come from domestic premises.

The following table itemises the results of the year's activity and is further followed by a table showing the fluctuations of salvage collections during the past five years.

**Comparative Salvage Weights and Values.**  
**Years ending 31st March, 1948 and 1949.**

MATERIALS	MATERIALS SOLD				MATERIALS IN STOCK				Total Weight Collected (Tons)		EXPENDITURE £		
	Weight (Tons)		Value £		Weight (Tons)		Value £		1948	1949		1948	1949
	1948	1949	1948	1949	1948	1949	1948	1949					
Paper .. ..	349	430	2354	2974	5	12	32	76	348	437	Wages ..	2849	3455
Rags .. ..	15	17	73	167	1	3	10	25	15	19	Transport	533	691
Metals .. ..	19	37	39	73	2	3	4	6	20	38	Bonus ..	553	474
Glass .. ..	11	9	69	28	1	4	1	6	10	12	Materials	184	163
Bones, etc. ..	1	2	6	10	—	—	—	—	1	2	Miscellaneous ..		77
Kitchen Waste ..	413	454	1377	1817	—	—	—	—	413	454			
Sterilisation of Kitchen Waste	—	—	—	17	—	—	—	—	—	—			
Sale of Steam Pan	—	—	45	—	—	—	—	—	—	—			
Increased coll. allowance ..	—	—	—	125	—	—	—	—	—	—			
TOTALS ..	808	949	3963	5211	9	22	47	113	807	962		4119	4860

**Salvage Income.**

Year ended 31st March, 1945	...	£5062
Year ended 31st March, 1946	...	£3653
Year ended 31st March, 1947	...	£3662
Year ended 31st March, 1948	...	£3963
Year ended 31st March, 1949	...	£5211

**Records of Yearly returns of Salvage sold.**

Materials	Year ended 31.3.45.		Year ended 31.3.46.		Year ended 31.3.47.		Year ended 31.3.48.		Year ended 31.3.49.		TOTALS.	
	T.	C.	T.	C.	T.	C.	T.	C.	T.	C.	T.	C.
Waste Paper .. ..	333	18	279	2	297	15	349	6½	430	8	1690	9½
Ferrous Metals .. ..	147	2	127	6	27	11	18	13	36	10	357	2
Non-ferrous Metals .. ..	—	7	—	4	—	7	—	—	—	2	1	0
Textiles .. ..	89	11	23	7	23	8¼	14	10¾	17	10	168	7
Glass .. ..	31	10	24	13	17	8¼	11	0½	9	6¾	93	18½
Kitchen Waste .. ..	530	—	394	16	371	16¾	413	0¾	454	7	2164	0½
Condemned Meat .. ..	1	18	3	9	2	7½	—	8½	—	19½	9	2½
Bones .. ..	11	9	4	19	1	10¾	—	16¾	1	4¾	20	0¼
	1145	15	857	16	742	4½	807	16¾	950	8	4504	0¼

## **MISCELLANEOUS.**

### **SHOPS.**

Pressure of other work prevented full enforcement of the health and comfort provisions of the Shops Act for which I am responsible. It was only possible to make 15 inspections during the year. Two notices were served, both of which were complied with.

### **SLAUGHTER OF ANIMALS ACT.**

Three applications for licences to slaughter animals were made during the year. Two licences were granted, one was refused.

### **RENT AND MORTGAGE (INTEREST RESTRICTIONS) ACTS.**

One certificate of disrepair under the above Acts was issued during the year, but this was later cancelled as all necessary repairs were carried out by the owner.

### **CARAVANS.**

Under the provisions of Section 127 of the Dudley Corporation Act, 1928, it is an offence for any tent, van, shed or similar structure to be kept on any land within the Borough without the prior consent of the Corporation. No camping sites were approved during the year but, as in previous years, gypsies set up unauthorised encampments at several places in the Borough. It was necessary for the District Inspectors to make 83 visits to secure their removal.

### **PIG KEEPING.**

There was a considerable increase in the number of domestic piggeries during the year and 71 inspections were made.

### **PHARMACY AND POISONS ACT, 1933.**

Five applications for entry on the poisons list were investigated during the year. The applicants' premises were visited and registration recommended in all cases.

### **FERTILISERS AND FEEDING STUFFS ACT, 1926.**

Routine sampling under the above Act and Regulations has been continued during the year and 19 samples were taken by the Inspectors and submitted for analysis to the Agricultural Analyst. Sixteen samples were satisfactory, three being unsatisfactory.

### **RAC FLOCK ACT.**

One sample was taken under the above Act during the year and the result was satisfactory.



**STAFF OF THE PUBLIC HEALTH DEPARTMENT.  
AT 31st DECEMBER, 1948.**

Medical Officer of Health: J. F. Martin, M.B., B.Ch., D.P.H.

Deputy Medical Officer of Health: T. O. P. D. Lawson, M.B., Ch.B., D.P.H., D.R.C.O.G.

Assistant Medical Officers of Health:

J. R. B. Gibson, L.R.C.P., L.R.C.S., L.R.F.P. & S.

K. Vernon, M.B., B.S., D.T.M. & H., C.P.H.

\*L. Davis, M.B., Ch.B., D.P.H.

Consulting Gynaecologist: \*F. Selby Tait, M.B., Ch.B., F.R.C.S.

Consulting Ophthalmologist: \*L. H. G. Moore, M.B., Ch.B., D.O.M.S.

Consulting Ear, Nose and Throat Surgeon: \*W. K. Hamilton, M.B., F.R.C.S.

Consulting Paediatrician: \*H. L. E. Jones, O.B.E., M.B., B.S., M.R.C.P.

Speech Therapist: \*Mrs. N. W. Brooke.

Senior Dental Officer: A. W. Stafford, B.D.S., L.D.S.

Assistant Dental Officer: Mrs. J. P. McEwan, L.D.S.

Chief Sanitary Inspector & Cleansing Superintendent: W. Parker, M.R.San.I., M.S.I.A.

Deputy Chief Sanitary Inspector: W. H. Bowman, M.R.San.I., M.S.I.A.

District Sanitary Inspectors:

H. E. Hancox, M.R.San.I., M.S.I.A.

E. Harris, M.S.I.A.

R. Hill, M.R.San.I., M.S.I.A.

F. Hesketh, M.R.San.I.

Assistant Cleansing Superintendent: G. Thomas, M.R.San.I., M.S.I.A.

Assistant Sanitary Inspector: F. L. Jones, A.R.San.I.

Pupil Sanitary Inspector: D. Clarke.

Superintendent Nursing Officer: Miss E. J. Jackson, S.R.N., S.C.M., H.V.'s Cert., QN.

Deputy Superintendent Health Visitor: Miss W. H. Bennett, S.R.N., S.C.M., H.V.'s Cert.

Administrative Assistant: J. P. Mackenzie, A.C.I.S.

Health Visitors/School Nurses:

Miss M. A. Ball, S.R.N., S.C.M., H.V.'s Cert.

Mrs. E. Aston, S.R.N., S.C.M. H.V.'s Cert.

Miss V. J. Coulter, S.R.N., H.V.'s Cert.

Student Health Visitors:

Miss S. Scott, S.R.N., S.C.M.

Miss S. B. White, S.R.N., S.C.M., R.M.P.A., S.R.F.N.

Miss N. Homer, S.R.N., S.C.M.

Miss M. K. Morgan, S.R.N.

Mrs. M. Horrocks, S.R.N., S.C.M.

Miss S. M. Wilcox, S.R.N., S.C.M., S.R.F.N.

Miss B. J. Elliott, S.R.N.

Mrs. M. W. Browne, S.R.N., S.C.M.

Miss P. M. Adams, S.R.N., S.C.M.

Clinic Nurse: Miss B. A. Evans, S.R.N.

Auxiliary Nurse: Mrs. I. D. Wall.

Municipal Midwives:

Mrs. E. Bailey, S.R.N., S.C.M.

Miss L. A. Baylis, S.C.M.

Mrs. E. A. Beeston, S.R.N., S.C.M.

Miss E. F. Brightman, S.R.N., S.C.M.

Miss E. Brown, S.C.M.

Miss M. Corridan, S.C.M.

Mrs. A. F. Davies, S.C.M.

Mrs. J. Dickson, S.R.N., S.C.M.

Miss A. Duggan, S.C.M.

\*Mrs. O. Dumulo, S.C.M.

Mrs. A. Niblett, S.C.M.

Mrs. N. J. Raybould, S.R.N., S.C.M.

Miss J. L. Ridger, S.R.N., S.C.M.

Mrs. E. E. Turner, S.R.N., S.C.M.

Dental Attendants:

Mrs. E. M. Smith.

Mrs. I. H. Robinson.

Mrs. T. Webb.

Clerical Staff:

General Health:

D. Parsons.

A. H. Wilkinson.

Miss I. Richards.

Miss C. Breakell.

Miss J. Cooksey.

Miss E. Thomas.

Sanitary Section:

F. D. Hipkiss—Senior Clerk.

Miss I. Shipman.

Miss D. Williamson.

Miss H. Clarke.

School Health Section:

B. Booth, M.P.S.

Miss M. Mayer.

Miss E. Wassell.

Miss F. Lloyd.

Welfare Section:

Mrs. M. Whatmore.

Mrs. D. Morgan.

Miss D. Sherwood.

Mental Health Officer: S. W. Cross.

Occupation Centre Supervisor: Mrs. D. M. Cousins.

Occupation Centre Attendants: Miss B. F. Lloyd, Miss P. H. Kear

Assistant Welfare Officer: W. A. Perkins.

Social Worker: Mrs. A. H. Smith.

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